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Country programme document

Ethiopia

Summary

The country programme document (CPD) for Ethiopia is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $143,105,039 from regular resources, subject to the availability of funds, and $306,844,961 in other resources, subject to the availability of specific-purpose contributions, for the period July 2016 to June 2020.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the first regular session of 2016.

* E/ICEF/2016/1.

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Programme rationale

1. The Ethiopian economy is showing impressive growth. The country's gross domestic product increased by 10.3 per cent in 2014;[1] similar rates of growth are anticipated for 2015 and the Government of Ethiopia aspires to transition to middle-income status by 2025. While there has been significant progress in reducing poverty – with rates falling from 39 per cent in 2004/5 to 26 per cent in 2012/13 – the rate of decline in rural poverty lags behind that of urban poverty. The overarching goal of this country programme is to reduce child poverty and its effects, with a focus on those most in need.

2. Ethiopia has a population of approximately 99 million people, of whom 48 per cent are under the age of 18.[2] With the ongoing demographic transition, it is particularly important to support adolescents to develop skills to lead healthy and productive lives and contribute to building prosperous, safe and peaceful communities.

3. Ethiopia achieved Millennium Development Goal 4 – to reduce the under-five mortality rate – and is on track to reach Goal 6 on combating HIV, malaria and other major diseases. With a maternal mortality ratio of 420 deaths per 100,000 live births against a target of 267 per 100,000 live births, Goal 5 was not met.[3] At the same time, there has been considerable progress: the proportion of women receiving skilled assistance during delivery increased from 9 per cent to 16 per cent between 2011 and 2014.[4]

4. Ethiopia is on track to reach Millennium Development Goal 1 – eradicating extreme poverty and hunger. While rates of stunting continue to be high, stunting prevalence decreased from 58 per cent in 2000 to 40 per cent in 2014. Prevalence is higher in rural areas (42 per cent) than in urban areas (27 per cent). While 98 per cent of children are breastfed, only 52 per cent are exclusively breastfed in the first six months of life and only 4 per cent of children aged 6–23 months receive a minimum acceptable diet.[5]

5. The country has also achieved the portion of Goal 7 (Target 7C) related to water, but not sanitation. Approximately 53 per cent of households have access to improved water sources[6], with coverage higher in urban areas (92 per cent) compared with rural areas (45 per cent). Access to improved sanitation is 24 per cent.[7] Community-Led Total Sanitation and hygiene interventions have reduced the rate of open defecation from 92 per cent in 1990 to 29 per cent in 2015.

6. The pre-primary gross enrolment rate is only 34 per cent.[8] Most preschools are located in urban areas and access is limited to children whose parents can afford to pay fees. A recent Government initiative enables more children to benefit from school-readiness programmes through '0' grades attached to primary schools.

7. Net primary school enrolment is 93 per cent: boys 95 per cent; girls 90 per cent. There are marked regional disparities in access to education: enrolment rates in the Afar and Somali regions are below 60 per cent. Challenges associated with the low quality of basic

[1] Geiger, M.T. and L. C. Moller, 4th Ethiopia Economic Update, World Bank, 8 July 2015.
[2] Central Statistical Agency (CSA) of Ethiopia, 2015.
[3] 2013 United Nations estimate, published in Trends in Maternal Mortality: 1990-2013, WHO, 2014.
[4] CSA of Ethiopia, 2012. Ethiopia Demographic and Health Survey 2011.
[5] CSA of Ethiopia, 2012. Ethiopia Demographic and Health Survey 2011.
[6] CSA of Ethiopia, 2012. Ethiopia Demographic and Health Survey 2011.
[7] WHO/UNICEF Joint Monitoring Programme for Water and Sanitation, 2015.
[8] Ministry of Education, Ethiopia, Education Statistics Annual Abstract 2005 (2012/2013).

education are demonstrated by the low survival rate to grade 5, which is 56 per cent. Only 47 per cent of girls and boys complete the full eight grades of primary school.[9] According to Government estimates, approximately 2 million children of primary school age, including 1.12 million girls, are out of school.[10] A high percentage (57.1 per cent) of students in the lower primary education cycle are not achieving the basic learning outcomes considered essential to succeed in their subsequent education and employment trajectory.[11]

8. Only 8 per cent of females and 11 per cent of males over age 15 have any secondary education.[12] In addition to traditional gender norms and a high burden of domestic work for girls, the distance to secondary schools is a key bottleneck limiting participation.

9. Birth registration is a critical first step in ensuring the legal protection of children. In 2014, only 7 per cent of births were registered.[13] A comprehensive legislative framework has now been established to accelerate birth registration.

10. Globally, Ethiopia has the second highest number of girls and women who have undergone female genital mutilation/cutting (FGM/C). Prevalence is declining but remains high, especially in rural areas. An estimated 23 per cent of girls under age 15 have undergone FGM/C.[14]

11. Ethiopia is at high risk of climate-related shocks, including droughts and disease outbreaks. Over 80 per cent of the population resides in rural areas and is dependent on rain-fed agriculture. Despite strong economic growth, more than 30 million Ethiopians live below the food poverty line. High poverty levels and an overreliance on subsistence agriculture and pastoralism mean shocks often translate into extended humanitarian situations that affect large parts of the country.

12. With an additional 250,000 refugees finding shelter in Ethiopia in 2014 as a result of political instability in neighbouring South Sudan, Ethiopia currently hosts nearly 730,000 refugees originating from Eritrea, Somalia and South Sudan.[15]

13. Major lessons from the previous country programme have informed the design of the new programme. UNICEF is increasingly recognizing the value of resilience in helping to bridge the humanitarian and development divide and respond to the country's longer-term development programming challenges.

Cross-sectoral issues

14. **Integrated early childhood development (IECD).** Many families are unaware of the significance of early childhood care and education for a child's development, including the effects of appropriate nutrition, play and family care in an environment safe from violence.

[9] Federal Democratic Republic of Ethiopia Ministry of Education: Education Statistics Annual Abstract 2006 E.C (2013/14 G.C).
[10] Based on UNICEF Ethiopia calculations using Education Management Information System and CSA of Ethiopia data.
[11] Ethiopian Fourth National Learning Assessment of Grades 4 and 8 Pupils, Data Analytic Report, FDR Ministry of Education, January 2013.
[12] CSA of Ethiopia, Mini Demographic and Health Survey 2014.
[13] UNICEF, *The State of the World's Children 2015*.
[14] Welfare Monitoring Survey 2011, cited in the National Harmful Traditional Practices Strategy.
[15] UNHCR, Ethiopia Fact Sheet August 2015, <www.unhcr.org/524d82ce9.html>, accessed on 10 August 2015.

15. **Adolescents**, who are defined as persons between ages 10 and 19, constitute 26 per cent of the total population. Life choices for adolescent girls are limited by social norms and practices that include child marriage, FGM/C, limited support for girls' education and gender-based violence. An estimated 8 per cent of girls are married by age 15[16] and 17 per cent of females aged 15–19 are married.[17]

16. **Resilience.** Despite strong economic growth, more than 30 million Ethiopians live below the food poverty line. High poverty levels and overreliance on rain-fed subsistence agriculture and pastoralism mean shocks often result in humanitarian situations that affect large parts of the country.

17. **Urban programming.** Approximately 20 per cent of the population is considered urban. While urban areas have better development indicators, there are large disparities across wealth quintiles. Children living in urban areas are at higher risk of HIV than those living in rural areas, and social protection needs are pressing.

Programme priorities and partnerships

18. The UNICEF country programme supports the Ethiopian Government's second Growth and Transformation Plan and contributes to the four pillars of the United Nations Development Assistance Framework (UNDAF) 2016–2020: disaster risk management, social protection and climate-resilient green economy; basic social services; governance, participation and capacity development; and equality and empowerment.

19. The following strategies will be used to achieve the results of the country programme:

(a) evidence-based advocacy and technical assistance to promote rights-based and equity-focused policies, laws and budgets for children;

(b) capacity development to strengthen national institutions and systems;

(c) evidence-based communication for social and behavioural change;

(d) strengthening national capacity in monitoring, evaluation and evidence-based planning;

(e) innovation to increase the effectiveness and efficiency of programmes;

(f) strategic partnerships for children;

(g) promotion of child and youth participation in decision-making processes; and

(h) South–South and triangular cooperation.

20. The country programme mainstreams risk-informed emergency preparedness and response across all programmes, in line with the Core Commitments for Children in Humanitarian Action.

21. The country programme will be implemented nationally, focusing on the developing regional states (Afar, Benishangul-Gumuz, Gambella and Somali) and other marginalized areas or population groups. The programme has seven components: health; nutrition; water, sanitation and hygiene (WASH); learning and development; child protection; social policy

[16] CSA of Ethiopia, Ethiopia Demographic and Health Survey 2011.
[17] CSA of Ethiopia, Ethiopia Mini Demographic and Health Survey 2014.

and evidence for social inclusion; and programme effectiveness. All programmes will include knowledge generation and management and advocacy for sustainable financing.

Health

22. This component contributes to the national Health Sector Transformation Plan and works to achieve the following outcome: *By 2020, equitable and affordable coverage of quality health interventions for newborns, children, adolescent girls and women* [is] *improved across the continuum of care at community and primary healthcare levels.* Interventions include: (a) expanding delivery of a comprehensive package of health services at community and health facility levels, with a particular focus on unreached areas and vulnerable populations; (b) improving quality and standards of health services; and (c) strengthening national systems, including at the community level, and preparing the health system for the country's transition to middle-income status and increased self-reliance in service delivery. The Health Extension Programme will be further strengthened to address the population's evolving needs, including in pastoralist and urban areas. Outreach health services will be facilitated for the most disadvantaged children living in urban settings.

Nutrition

23. The nutrition programme is designed to achieve the following outcome: *By 2020, an increased percentage of under-five girls and boys, adolescent girls and pregnant and lactating women are appropriately nourished and cared for.* The programme supports multisectoral, lifecycle approaches to reduce stunting and wasting through community-based interventions. The primary focus is pregnant and lactating women, under-five children and adolescent girls. In chronically vulnerable areas, resilience and livelihood interventions will be strengthened. The programme includes promotion of exclusive breastfeeding for the first six months, improving the quality of complementary feeding for children aged 6–23 months, accelerating adolescent nutrition programme implementation, and strategy development to address wasting and overweight in urban areas. Nutrition services will be integrated with other services, including WASH, health, education, child protection and social protection.

Water, sanitation and hygiene

24. UNICEF will support the WASH component of the second Growth and Transformation Plan and work to achieve the following outcome: *By 2020, the Ethiopian population, in particular women, children, adolescent girls and vulnerable groups, use affordable, safe, reliable, sustainable and adequate water supply, sanitation and appropriate hygiene practices in households, communities and institutions in rural and urban areas.* The programme will: (a) advance sanitation and hygiene promotion (including menstrual hygiene and BABY-WASH) in zones with a high prevalence of stunting, diarrhoea and trachoma; (b) leverage resources from the ONE WASH pooled fund to accelerate institutional WASH coverage; (c) innovate to improve the functionality and resilience of water supply in water-insecure *woredas* (districts); (d) intensify urban sanitation and pro-poor water service delivery; and (e) strengthen sector coordination for development and emergency programming.

Learning and development

25. This component aligns with the Government's Education Sector Development Plan 2015–2020 goal to work towards the following outcome: *By 2020, equitable access created and quality education and training provided to all learners at pre-primary and primary level and girls' access to secondary education increased, with a focus on the most disadvantaged and vulnerable children, populations and localities.* The programme will focus on improving access to and the quality of educational services for children and vulnerable communities in less developed areas. Key interventions will include: extending early learning and school readiness programmes; enhancing student learning outcomes through the implementation of relevant school improvement initiatives, strong sector planning and policy dialogue; and broadening access for out-of-school children, with a focus on adolescent girls, children from pastoralist communities and children in emergency contexts.

Child protection

26. This component focuses on enhancing the policy environment and strengthening systems so that *by 2020, an increased number of children and adolescents susceptible to violence, exploitation and abuse, in emergency and non-emergency settings, benefit from quality, gender-sensitive, community-based and formal child protection and response services.* In line with Government commitment to end child marriage and FGM/C by 2025, as well to realize adolescents' sexual and reproductive health and rights, social norms will be addressed through interventions targeting community and religious leaders. Capacities of adolescent boys and girls will be reinforced through life skills training, provision of information to support access to youth-friendly HIV prevention and treatment services and recruiting adolescents to act as agents of change. Systems providing gender-sensitive responses to violence, abuse and exploitation of children and adolescents will be strengthened. The programme will promote expansion of birth registration, support the Government to develop a social welfare workforce and strengthen case management, and improve data collection and analysis to buttress the country's social welfare and child justice services, including in emergencies. Advocacy will focus on increased allocation of national resources and on scaling up high-impact interventions.

Social policy and evidence for social inclusion

27. The target outcome of this programme component follows: *By 2020, Ethiopian children benefit from an improved policy environment, and evidence-informed, child-friendly, gender-sensitive and results-oriented planning and financing in support of the inclusive, sustainable and equitable realization of child rights.* The programme supports national goals of good governance, social protection policy implementation, participation and capacity development to empower communities to take charge of their own development. This component will contribute to strengthening Government capacity in child-sensitive social protection systems. It will facilitate evidence generation and utilization for informed decision-making and policy dialogue at national and subnational level that promote the rights of boys, girls and women. UNICEF will engage in public finance management to leverage domestic resources for equitable realization of the rights of children and women through participatory planning and budgeting, inclusiveness, accountability and transparency in decision-making and equitable public service delivery.

Programme effectiveness

28. The goal of this component is *effective, efficient and evidence- and risk-based management and coordination of resources, technical leadership, advocacy and support for planning, implementing and monitoring the country programme and UNICEF contribution to UNDAF and the Sustainable Development Goals.* Programme effectiveness covers the following areas: disaster risk reduction and resilience; communication and advocacy; communication for development; coordination, planning and monitoring; and cross-cutting outcomes.

Disaster risk reduction and resilience

29. UNICEF, in coordination with other United Nations agencies, will pursue a three-pronged strategy to support the implementation of the national Disaster Risk Management policy and Strategy Programme and Investment Framework at federal and regional levels and (a) develop and strengthen national and subnational systems to prepare for, respond to and recover from emergencies; (b) build community capacity for conflict-sensitive preparedness and response; and (c) develop and maintain sustainable infrastructure and delivery systems for basic social services in disaster-prone areas and regions affected by the refugee influx.

Communication and advocacy

30. UNICEF will work to place the rights and well-being of children, especially the most disadvantaged, at the heart of social, political and economic agendas, working multisectorally with partners, the Government, private sector, communities and individuals to support changes in public policy, fuel social engagement and increase private and public resources for children.

Communication for development

31. Communication for development (C4D) approaches will support the goals of all programme components. The aim will be to strengthen engagement with individuals, communities, service providers and key influencers at all levels to promote behaviour change, overcome harmful traditional practices and norms, and strengthen ownership of community development processes. Strategies will tap into education platforms, religious networks, community mobilization structures and local and national media to drive behaviour and social change and increase demand for services. Innovative approaches will be used to reach pastoralist communities and other key populations.

Coordination, planning and monitoring

32. This component will ensure that coordination, planning and monitoring functions of the country office are implemented in line with UNICEF policies and procedures, the UNICEF Strategic Plan, the UNDAF and the Government's Programme Implementation Manual. Programme monitoring will be conducted in accordance with the UNDAF Monitoring and Evaluation Framework.

Cross-cutting outcomes

33. The country programme includes two strategic cross-cutting outcomes: integrated early childhood development; and adolescent girls. Both outcomes contribute to the delivery of results in the six sectoral programme components.

A. Integrated early childhood development

34. This multisectoral programme will create an enabling environment that supports early stimulation and positive parenting for children aged 0–3 years to achieve the following outcome: *By 2020, children aged 0–3 receive adequate nurture and stimulation as a result of implementation of models of integrated, sustainable and quality early child development interventions that include health, nutrition, protection, early stimulation, school readiness and WASH.* The programme will generate evidence on effective early stimulation and nurturing practices and develop advocacy tools to publicize the benefits. Context-specific guidelines and key messages will be developed for the Health Extension Programme, Productive Safety Net Programme, health development army and maternity waiting homes. The prevention of violence, abuse and neglect of children under age 3 will be supported through communication for behaviour change.

B. Adolescent girls

35. This multisectoral programme will aim to achieve the following outcome: *By 2020, key barriers to girls' empowerment have been removed and adolescent girls live in supportive communities and utilize quality services and information that protect them from child marriage and FGM/C.* The programme will generate evidence and advocacy tools on the benefits of investing in girls and will strengthen coordination across sectors for evidence-based programmes that contribute to girls' empowerment. Interventions will address discriminatory gender norms, improve girls' completion of primary education and transition to secondary school, protect girls from violence and harmful traditional practices, increase girls' access to and utilization of adolescent-responsive health and HIV prevention services, and equip girls to reduce their vulnerability to adolescent pregnancies. Three priority geographic areas have been identified: the Afar, Amhara and Somali regions, plus selected *woredas* in other regions.

36. In coordination with the Government, UNICEF will work with partners, including: United Nations agencies; bilateral and multilateral development partners; international and national non-governmental organizations (NGOs); faith-based and civil society organizations; the private sector; and the media and other communication forums for raising awareness on child rights. Engagement with global partnerships and initiatives will continue, including: *Committing to Child Survival: A Promise Renewed*; the Scaling Up Nutrition movement; Renewed Efforts Against Child Hunger; the Global Partnership for Education, GAVI, the Vaccine Alliance; the Global Fund to Fight AIDS, Tuberculosis and Malaria; and ONE WASH.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Health	26 210	109 955	136 165
Nutrition	14 305	68 159	82 464
Water, sanitation and hygiene	18 248	46 339	64 587
Learning and development	20 172	32 852	53 024
Child protection	26 162	17 796	43 958
Social policy and evidence for social inclusion	14 503	4 577	19 080
Programme effectiveness	23 505	27 167[a]	50 672
Total	**143 105**	**306 845**[b]	**449 950**

a. Amount to be agreed for each contribution depending on the donor.
b. This amount excludes $156,000,000 in other resources emergency funding projected for the humanitarian response during the programme cycle

Programme and risk management

37. This country programme document outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at country level. Accountabilities of managers at the country, regional and headquarter levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

38. This country programme builds on more than 60 years of partnership and effective programmes of cooperation with the Government of Ethiopia. The programme is aligned with national development priorities and sectoral plans and programmes.

39. The Ministry of Finance and Economic Development (MoFED) and relevant line ministries, as well as NGOs, are key partners in planning and management at federal and subnational levels, ensuring full alignment with national priorities and facilitating identification of challenges and opportunities. Regular joint monitoring and reviews are key mechanisms by which risks to the country programme are identified and managed.

40. Management of the harmonized approach to cash transfers will be strengthened to mitigate and respond to major risks in programme implementation. Staff capacity will be enhanced to strengthen accountability for results. In line with the Government's decentralization approach, UNICEF zonal offices will engage with Government and NGO partners, share timely information on risks and opportunities and provide technical and management support to counterparts.

Monitoring and evaluation

41. Progress will be monitored using the indicators in the Results and Resources Framework (Annex), the UNDAF results matrix and the Integrated Monitoring and Evaluation Plan. Monitoring tools include: national management information systems and data, the Monitoring Results for Equity System (MoRES), joint mid-year and annual reviews, UNICEF and UNDAF mid-term reviews and cluster coordination monitoring mechanisms. Independent evaluations (see the Costed Evaluation Plan) will be co-managed with the Government, following United Nations evaluation norms and standards. The country office monitoring system ensures that findings from programme assurance activities contribute to effective and efficient programme management. UNICEF will work with other agencies to strengthen the capacity of national institutions to monitor progress towards national and international goals and to track inequities.

Annex

Results and resources framework

Ethiopia – UNICEF country programme of cooperation, July 2016-June 2020

Convention on the Rights of the Child: Articles 4, 6(2), 11, 13–22, 24–25, 28–29, 32–41.

National priorities: Ethiopia Growth and Transformation Plan II 2015/16-2019/20 and Sector Development Plans: Health Sector Development Program; National Nutrition Plan; National Strategic Plan for HIV and AIDS, Sector Plan for WASH; Education Sector Development Program V; National Social Protection Policy and National Social Protection Strategy; National Policy on Ethiopian Women; Women Policy; Youth Policy; National Plan of Action for Orphans and Vulnerable Children.

Sustainable Development Goals: 1, 2, 4, 5–6, 10–11 and 16.

UNDAF outcomes involving UNICEF:

2.1. Capacity of institutions in disaster-prone areas improved to respond to emergencies; **2.2.** Government ensures increased access to a comprehensive package of social protection programmes/interventions/services to vulnerable populations; **2.3.** Key Government institutions able to plan, implement and monitor climate change mitigation and adaptation actions.

3.1. Ethiopian population – in particular, vulnerable groups – have improved access to, and utilization of, quality and equitable health services; **3.2.** Percent of children under 5, adolescents and women appropriately fed and cared for increased. **3.3.** Targeted population groups have improved access to and use quality HIV prevention, treatment, care and support services; **3.4.** Ethiopian population – in particular, vulnerable groups – have access to and use affordable, safe and adequate water, sanitation and hygiene (WASH) services; **3.5.** Equitable access created and quality education and training provided to all learners at pre-primary, primary and post-primary levels, with a focus on the most disadvantaged and vulnerable children, populations and localities.

4.1. Key Government institutions and other stakeholders apply enhanced capacities to ensure and benefit from the rule of law, an efficient and accountable justice system, and the promotion and protection of human rights in line with national and international instruments, standards and norms; **4.2.** Key Government institutions and other stakeholders utilize enhanced capacities to ensure equitable, efficient, accountable, participatory and gender-responsive development; **4.3.** National and subnational institutions apply evidence-based, result-oriented and equity-focused decision-making, policy formulation, programme design, monitoring, evaluation and reporting.

5.1. Women and girls are increasingly protected from violence, harmful traditional practices, exploitation, discrimination and are rehabilitated and reintegrated to enjoy their full human rights; **5.2.** Women, adolescents and youth are empowered to influence decisions that concern their life and the development of the country. [Indicators are taken from UNDAF outcome indicators (see following matrix)].

Related outcomes of the UNICEF Strategic Plan 2014–2017:

The country programme will contribute to all seven outcomes Strategic Plan outcomes.

UNICEF outcomes	Key progress indicators, baselines and targets[1,2]	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (*In thousands of United States dollars*)		
					RR	***OR***	***Total***
1. Health By 2020, equitable and affordable coverage of quality health interventions for newborns, children, adolescent girls and women improved across the continuum of care at community and primary healthcare levels.	Proportion of institutional deliveries *Baseline:* 16% *Target:* 90%	Ethiopia Demographic and Health Survey (EDHS) Mini EDHS Health Management Information System (HMIS)	1.1. National, regional and *woreda* capacity strengthened to develop evidence-based health strategies and costed plans to coordinate and mobilize resources, and monitor and evaluate progress towards universal health, focusing on the most disadvantaged areas. 1.2. Primary healthcare system has capacity to provide quality package of essential maternal, newborn, child and adolescent health interventions at scale, focusing on underserved areas. 1.3. Community health system platforms strengthened to support use of services and ensure sustained adoption of positive practices and social norms that affect the health of	Federal Ministry of Health (FMoH) Regional health bureaus (RHBs) Woreda health offices United Nations agencies International and local NGOs Community-based organizations (CBOs) Faith-based	**26 210**	**109 955**	**136 165**
	Proportion of children immunized with PENTA 3 *Baseline:* 66% *Target:* 95%	EDHS Expanded Programme Immunization (EPI) coverage survey HMIS					
	Proportion of mothers and newborns receiving postnatal visit within 48 hours	EDHS Mini EDHS HMIS					

[1] To the extent possible, all data will be disaggregated by gender, age, geographic location and socio-economic status.

[2] This annex presents only the key outcome indicators. A detailed results matrix with an expanded list of outcome and output indicators disaggregated by region, gender and wealth will be used for programme planning, monitoring and evaluation. This will be reflected in the country programme action plan and results assessment module. Alignment with the UNICEF Strategic Plan 2014-2017 and regional UNICEF indicators is clearly reflected in the detailed results matrix at the outcome and output level, as applicable.

	Baseline: 13% *Target:* 85%		mothers, newborns, children and adolescents, particularly in the most disadvantaged areas. 1.4. National and subnational capacity to respond to health-related disaster risks strengthened.	organizations (FBOs) Academia			
	Proportion of household out-of-pocket expenditure on health *Baseline:* 34% *Target:* 30%	National Health Accounts report					
2. Nutrition By 2020, an increased percentage of under-five girls and boys, adolescent girls, and pregnant and lactating women are appropriately nourished and cared for.	Proportion of girls and boys aged 6–23 months who receive a minimum acceptable diet *Baseline:* 4.6% (girls); 3.6% (boys) *Target:* 10% (girls); 10% (boys)	EDHS	2.1. Multisectoral coordination and capacity of sectors engaged in National Nutrition Plan implementation strengthened with a focus on policy, information systems and knowledge management. 2.2. Percentage of pregnant women, caregivers of girls and boys under 2, and adolescent girls equipped with knowledge of optimal nutrition and caring behaviour increased. 2.3. Quality nutrition services for pregnant women, caregivers of girls and boys under 5 and adolescent girls strengthened. 2.4. Government and partner capacities to respond to nutrition in humanitarian crises strengthened.	All ministries implementing the National Nutrition Plan NGOs	**14 305**	**68 159**	**82 464**
	Number of severely malnourished children aged 0–59 months treated for severe acute malnutrition *Baseline:* 254,326 *Target:* 275,000[3]	National Nutrition Program Monitoring Tool					
	Proportion of infants under 6 months exclusively breastfed *Baseline:* 52%	EDHS					

[3] The number of children affected by severe acute malnutrition rises due to increased humanitarian needs, better nutritional screening, and an increased number of services available. The number decreases if these factors are reversed, when stock-outs of nutrition supplies occur and when more comprehensive services that prevent children from becoming acutely malnourished become available.

	Target: 70%						
3. WASH By 2020, the Ethiopian population, in particular women, children, adolescent girls and vulnerable groups, use affordable, safe, reliable, sustainable and adequate water supply, sanitation and appropriate hygiene practices in households, communities and institutions in rural and urban areas.	Proportion of people using safely managed, adequate and resilient water supply services *Baseline:* 57% *Target:* 83%[4]	Joint Monitoring Programme (JMP) WASH inventory Mini DHS	3.1. Strengthened capacity of WASH sector in evidence-based strategic planning, coordination, leveraging, advocacy and implementation of development and emergency interventions. 3.2. Enhanced institutional capacity in the provision of equitable and regulated water, liquid/solid waste management services in rural, urban and peri-urban areas. 3.3. Populations affected by WASH emergencies receive WASH services in line with minimum standards.	Ministry of Water, Irrigation and Energy FMoH Ministry of Education (MoE) Ministry of Urban Development Housing and Construction Water Resources Development Fund Regional WASH bureaus RHBs Regional Education bureaus (REBs) Regional urban development and	**18 248**	**46 339**	**64 587**
	Proportion of people using safely managed, adequate, equitable and resilient sanitation services *Baseline:* 28% *Target:* 50%[5]	JMP					
	Number of people (particularly mothers) practising improved hygiene behaviours (hand-washing, face-washing, food hygiene) and living in healthy environments *Baseline:* 17% *Target:* 70%	JMP EDHS					
	Proportion of disaster-affected population saved and protected through timely and effective emergency WASH responses	Disaster Risk Management and Food Security Sector OCHA Annual Reports					

[4] UNICEF is directly responsible for 1,850,000 new users (4.7% of the total).

[5] UNICEF is directly responsible for 1,300,000 new users (1.9% of the total).

	Baseline: 95% *Target:* 100%			construction bureaus CSOs Private contractors, consultants and suppliers			
4. Learning and development By 2020, equitable access created and quality education and training provided to all learners at pre-primary and primary level and girls' access to secondary education increased, with a focus on the most disadvantaged and vulnerable children, populations and localities	Pre-primary gross enrolment ratio *Baseline:* 34% 33% (girls); 35% (boys) *Target:* 80% 80% (girls); 80% (boys)	Education Management Information System (EMIS) and survey Evaluation reports	4.1. Capacity of education system strengthened to meet Education Sector Development Plan V goal of equitable expansion of quality early childhood education services. 4.2. Equitable and inclusive access to primary and secondary school strengthened for out-of-school children. 4.3. Equitable and improved delivery of quality primary education. 4.4. Education system capacity in knowledge management strengthened. 4.5. Education sector capacity in provision of basic education in emergencies strengthened.	MoE REBs	**20 172**	**32 852**	**53 024**
	Primary and lower secondary net enrolment ratio *Baseline:* Primary – 93% 90% (girls); 95% (boys) Lower secondary – 21% 21% (girls); 20% (boys) *Target:* Primary – 98% 98% (girls); 98% (boys) Lower secondary – 47% 47% (girls); 47% (boys)						
	Gender parity index at primary and lower secondary level *Baseline:* Primary – 0.94 Lower secondary – 0.91						

	Target: Primary – 1 Lower secondary – 1						
	Proportion of Grade 4, Grade 8, and Grade 10 students who score 50% or above the composite scores by sex in National Learning Assessment[6] *Baseline:* Grade 4 – 43% (2012) Grade 8 – 44% (2012) Grade 10 – 23% (2014) *Target:* Grade 4 – 50% Grade 8 – 50% Grade 10 – 50%						
5. Child protection By 2020, an increased number of children and adolescents who are susceptible to violence, exploitation and abuse, in emergency and non-emergency settings, benefit from quality, gender-sensitive, community-based and formal child protection and response services.	Percentage of newborn children whose births are registered (annually) *Baseline:* 7% *Target:* 50%	Federal Vital Events Registration Agency Central Statistical Agency (CSA)	5.1. 150 *woredas* provide sustainable, comprehensive, child-focused social welfare services to vulnerable children and adolescents as part of an integrated social protection scheme. 5.2. 125 *woredas* provide comprehensive child- and adolescent-friendly justice services. 5.3. 50% of *woredas* provide civil registration services. 5.4. Capacities of institutions'	MoWCYA Ministry of Labour and Social Affairs (MoLSA) and respective regional offices Federal Supreme Court Regional Supreme	**26 162**	**17 796**	**43 958**
	Percentage of identified children accessing child-friendly social welfare services in five pilot regions *Baseline:* 10% *Target:* 40%	Ministry of Women, Children and Youth Affairs (MoWCYA) reports Baseline and endline survey					

[6] Data for learning assessment are not currently disaggregated by gender. UNICEF has successfully advocated for gender disaggregation in future assessments.

	Proportion of reported child survivors of violence (including children in conflict with the law) who receive integrated legal and psychosocial support services in target *woredas* *Baseline:* Child survivors of violence: 0% Children in conflict with the law: 0% *Target:* Child survivors of violence: 80% Children in conflict with the law: 80%	Baseline and endline survey	and communities' strengthened to prevent and respond to violence against children and adolescent girls in 100 *woredas* and cities. 5.5. Institutional and community capacities to prevent the spread of HIV among adolescents strengthened in 120 'hotspot' urban *woredas*. 5.6. Coordination and accountability mechanisms, and community and institutional capacities for social mobilization to end child marriage and FGM/C strengthened at federal level, in three regions and other 'hotspot' *woredas*. 5.7. Child protection and gender-based violence services provided to children and adolescents affected by emergencies.	Court Federal and Regional Vital Events Registration Agency MoH and RHBs Ministry of Justice UNFPA UN-Women Disaster Risk Management and Food Security Sector UNHCR IOM			
	Percentage of women aged 20–24 years who report being married by age 18 *Baseline:* 41% *Target:* 30%	EDHS					
6. Social policy and evidence for social inclusion By 2020, Ethiopian children benefit from an improved policy environment, and evidence-informed, child-friendly, gender-sensitive and results-oriented planning and	Number of national policies or strategies revised or adopted based on evidence produced with UNICEF support *Baseline:* 0 *Target:* 4	MoFED reports	6.1. Government institutional capacity for child-centred, equity-focused, evidence-based and inclusive national development policies and strategies enhanced. 6.2. Capacity of key Government institutions and other stakeholders to address child rights obligations	MoFED CSA National Planning Commission Ethiopian Development Research Institute MoWCYA	**14 503**	**4 577**	**19 080**
	Proportion of accepted country-specific CRC (2015) and CEDAW	MoWCYA annual report					

financing in support of the inclusive, sustainable and equitable realization of child rights.	(2014) recommendations implemented *Baseline:* CRC - 0% CEDAW – 0% *Target:* CRC – 70% CEDAW – 70%		enhanced. 6.3. Institutional capacities for public finance management for children strengthened. 6.4. Government capacity to implement child-sensitive social protection strengthened. 6.5. Capacity of Government and other stakeholders for systems on gender equality commitments strengthened.	MoLSA			
	Percentage of children deprived in at least two dimensions *Baseline:* 90% *Target:* 80%	CSA Multiple Overlapping Deprivation Analysis report					
	Number of children benefiting from a Government social protection programme *Baseline:* 3.3–4.5 million *Target:* 6 million	MoLSA annual report					
7. Integrated early childhood development (IECD) By 2020, children aged 0–3 receive adequate nurture and stimulation as a result of implementation of models of integrated, sustainable and quality early childhood development interventions that include health,	Refer to programme components						

nutrition, protection, early stimulation, school readiness and WASH.							
8. Adolescent girls By 2020, key barriers to girls' empowerment have been removed and adolescent girls live in supportive communities and utilize quality services and information that protect them from child marriage and FGM/C.	Refer to programme components						
9. Programme effectiveness Effective, efficient and evidence- and risk-based management and coordination of resources, technical leadership and advocacy.	Country programme rating on regional programme and operations indicators Proportion of programme 'on-track' Proportion of children in humanitarian situations reached with appropriate interventions Number of audit observations Number of recommendations closed in a timely manner	VISION/Insight Situation Reports Emergency Assessments Thematic Emergency Report Audit Action Report	9.1. Enhanced organizational capacity for efficient and effective planning and coordination. 9.2. Improved capacity for evidence-based learning and risk management. 9.3. Improved capacity for coordination of disaster management. 9.4. Enhanced advocacy and C4D capacity. 9.5. Strengthened stewardship and oversight of human, supply and financial resources.	MoFED and Bureaus NGOs CSOs Suppliers	**23 505**	**27 167**	**50 672**

Total resources	**143 105**	**306 846**	**449 950**

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United Nations Children's Fund
Executive Board
First regular session 2016
2-4 February 2016
Item 6 (a) of the provisional agenda*

Country programme document

United Republic of Tanzania

Summary

The country programme document (CPD) for the United Republic of Tanzania is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $98,645,000 from regular resources, subject to the availability of funds, and $129,040,000 in other resources, subject to the availability of specific-purpose contributions, for the period July 2016 to June 2021.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the first regular session of 2016.

* E/ICEF/2016/1.

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Programme rationale

1. The United Republic of Tanzania, formed in 1964 by the union of Tanganyika and Zanzibar, stands out as a sub-Saharan African country in which post-independence challenges have been tackled in an atmosphere of peace and stability. Multi-party democracy has been successfully introduced building on the foundations laid by the first President, Julius Nyerere. For the past two decades, average growth in the gross domestic product has exceeded 5 per cent per year.[1] The estimated population in 2014 was 50.8 million.[2]

2. In 1999, the Government adopted the Tanzania Development Vision 2025, which outlines plans for a country characterized by a high quality of life; peace, tranquillity and national unity; good governance; an educated and learning society; and a competitive economy producing sustained growth and shared benefits. The country has attracted significant private sector investment, especially in areas linked to natural resources and to information and communication technology. With gross national income at $930 per capita in 2014[3], the country is close to attaining middle-income status.

3. While considerable progress has been made, strong economic growth has not yet led to significant poverty reduction or substantial human development gains. In 2014, the country ranked 159th out of 187 countries and territories in the Human Development Index.[4] While the poverty rate has declined slightly from 33.3 per cent in 2007 to 28.4 per cent in 2011/12[5], significant disparities persist between urban and rural areas, and between and within regions of the country.

4. Notable progress has been made towards the Millennium Development Goal targets: the under-five mortality rate declined from 112 per 1,000 live births in 2004–2005 to 66.5 per 1,000 live births in 2012.[6] Similarly, the net primary school enrolment rate increased from 59 per cent in 2000 to 86.7 per cent in 2013[7]. The prevalence of HIV has fallen from 7.0 per cent in 2003–2004 to 5.3 per cent in 2011–2012 for adults aged 15–49.[8]

5. At the same time, at 432 per 100,000 live births in 2012, the maternal mortality ratio remains high. Chronic undernutrition is pervasive, with the prevalence of stunting at 34.7 per cent.[9] Progress in access to water and sanitation has been slow. An estimated 57.3 per cent of people have access to an improved water source. In rural areas, only 15 per cent of

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[1] World Bank, 'World Development Indicators', <http://data.worldbank.org/indicator/NY.GDP.MKTP.KD.ZG/countries/TZ-ZF-XM?display=default>, accessed 2 October 2015.

[2] United Nations Population Fund, *State of World Population 2014*, UNFPA, New York, 2014, p. 114.

[3] World Bank, 'World Development Indicators', <http://data.worldbank.org/indicator/NY.GNP.PCAP.CD/countries/TZ-ZF-XM?display=graph>, accessed 2 October 2015

[4] United Nations Development Programme, *Human Development Report 2014*, UNDP, New York, p. 162.

[5] Based on the basic needs poverty line of 36,482 Tanzanian Shillings (or $21) per adult equivalent per month (National Bureau of Statistics, *Household Budget Survey 2011/2012*).

[6] Unless otherwise noted, all data are from National Bureau of Statistics, *Population and Housing Census 2012*.

[7] Prime Minister's Office, Regional Administration and Local Government, *Basic Education Statistics in Tanzania (BEST) 2013*.

[8] United Republic of Tanzania, *Global AIDS Response Country Progress Report*, 31 March 2014, <www.unaids.org/sites/default/files/country/documents/TZA_narrative_report_2014.pdf>, accessed 2 October 2015.

[9] Ministry of Health and Social Welfare, *Tanzania National Nutrition Survey 2014*.

the population use improved sanitation. Education quality remains a significant challenge: a mere 57 per cent of students passed the primary-school-leaving examination in 2014.[10] Violence against children is a major concern. A 2009 survey suggests 27.9 per cent of girls and young women aged 13 to 24 years old have reported experiencing sexual violence in childhood – twice as many as boys.[11] Children with albinism are a particular target for violence.

6. The rate of population growth, at 2.7 per cent per year, is among the fastest in the world. Children under the age of 18 make up 51 per cent of the population. Urban populations are expanding by 5 per cent per year.

7. Gender disparities are significant. In 2014, the Gender Inequality Index ranked the United Republic of Tanzania at 159 of 187 countries and territories.[12] Women and girls have limited economic independence and limited access to social services, including education. The literacy rate for women is 73 per cent, compared with 83 per cent for men.[13] Girls are at greater risk of violence.[14] HIV prevalence is 3.8 per cent for men and 6.2 per cent for women.[15]

8. The country has been fortunate not to have experienced any major natural disasters in recent years. Nevertheless, climate change is bringing changing weather patterns and consequent uncertainties, particularly to farmers. The country has also experienced periodic cholera outbreaks.

9. The United Republic of Tanzania has long been a haven for refugees from neighbouring countries. A process of voluntary repatriation, as well as naturalization of some long-term refugee populations, had reduced the numbers of remaining refugees to around 64,000. Political instability in neighbouring Burundi in 2015 has resulted in a new influx of refugees, bringing the number in the United Republic of Tanzania to more than 160,000.[16]

10. In Zanzibar, issues affecting children are dealt with by the various ministries under the Revolutionary Government of Zanzibar. Policies, strategies and plans are developed and implemented independently of the mainland. This can challenge the capacities of both the responsible Government departments and development partners.

11. While barriers and bottlenecks constraining progress for children in the United Republic of Tanzania vary across sectors, a common narrative emerges. Social norms, gender dynamics, poverty and limited support for parents and families hinder the full adoption of caring family practices around health, nutrition, education and protection of

[10] Prime Minister's Office, Regional Administration and Local Government, *Pre-Primary, Primary and Secondary Education Statistics*, 2015.

[11] United Nations Children's Fund, United States Centers for Disease Control and Prevention, Muhimbili University of Health and Allied Sciences, *Violence Against Children in Tanzania - Findings from a National Survey 2009*, 2011.

[12] UNDP, *Human Development Report 2014*.

[13] National Bureau of Statistics, *Literacy and Education Monograph – Population and Housing Census 2012*.

[14] *Violence Against Children in Tanzania*, 2011.

[15] Tanzania Commission for AIDS, Zanzibar AIDS Commission, National Bureau of Statistics, Office of the Chief Government Statistician, and ICF International, *Tanzania HIV/AIDS and Malaria Indicator Survey 2011-12*.

[16] Office of the United Nations High Commissioner for Refugees, <https://data.unhcr.org/burundi/country.php?id=212>, accessed 2 October 2015.

children from before birth through adolescence. Families experience knowledge, physical, financial and legal barriers to access health, education, water, sanitation, social welfare and other services. Access to and the quality of many services are poor due to limited geographic distribution and capacity of service providers, limited availability of supplies, poor maintenance and management practices, low staff motivation due to low salaries and inadequate incentives, weak social accountability mechanisms and limited budget allocations. There is also limited use of monitoring data in decision-making. A focus on economic growth at the policy level diverts attention from the social sectors and places budgets for children at risk.

12. Lessons learned during the 2011–2015 country programme show that good progress is possible despite the challenges. The development of model child protection systems, in which several departments work together at community and district level to provide integrated responses to child protection cases, is a notable success. The approach, which has now been integrated into the country's legislation, regulations and guidelines for child protection, is based on extensive research on violence against children and will be extended throughout the country.

13. The country's impending graduation to middle-income status is likely to affect development finance, with a shift from traditional development assistance to domestic resources and non-traditional sources, including the private sector. It is critical for UNICEF to accelerate engagement in public finance for children, and to work with the private sector to leverage funds for children.

14. This country programme will address key barriers and bottlenecks that prevent children, particularly those who are marginalized, from enjoying their full rights. Change will be prioritized at three levels. First, by promoting family care and protective practices that will nurture all aspects of child and adolescent development. Second, by strengthening the availability of quality equitable services for children, adolescents and families. And third, by supporting policy and budgeting changes to create an enabling environment in each of the programme areas. The programme will monitor emerging trends and the country's development landscape and use evidence and successful pilots to leverage investments for children.

Programme priorities and partnerships

15. The proposed UNICEF country programme for 2016–2021 has been developed concurrently with the United Nations Development Assistance Plan (UNDAP) under the United Nations Delivering as One approach. UNICEF programme priorities fit within, and contribute to, UNDAP outcomes. The UNDAP is informed by, and framed within, the Government's Long-Term Perspective Plan (LTPP) and the Sustainable Development Goals. It has four outcome themes: (a) inclusive growth; (b) democratic governance, human rights and gender equality; (c) healthy nation; and (d) resilience. These themes are the result of a consultation process involving the Government, United Nations and development partners, including national consultations on the incorporation of the Sustainable Development Goals into the national agenda.

16. The UNICEF country programme 2016–2021 is structured around the seven outcome areas of the UNICEF Strategic Plan 2014–2017. The programme components are: (a) Health; (b) HIV and AIDS; (c) Water, sanitation and hygiene; (d) Nutrition; (e) Education; (f) Child protection; (g) Social inclusion; and (h) Programme effectiveness.

17. The **health programme** will support continued reduction in under-five mortality and focus on areas where progress has been slower, such as maternal and newborn mortality. This includes strategic placement of 24-hour emergency obstetric and newborn care facilities; integrated services to prevent vertical transmission of HIV; early infant HIV diagnosis, treatment and care; adolescent-friendly health services; and strengthening health systems at the district level. Strategic communication for development (C4D) efforts to promote healthy family care practices for children and mothers, raise demand for quality services and promote accountability will support the programme. The sustainability of health services will be addressed through appropriate policy improvements, budget analysis and engagement with global health initiatives. Opportunities will be explored to expand the health programme to cover additional areas such as injuries, disabilities and violence.

18. The **HIV and AIDS programme** will continue to build on UNICEF technical expertise and experience in generating disaggregated data for evidence-based HIV policy and programming. The programme will build institutional capacity for national and subnational planning, coordination and supervision of the Tanzania Commission for AIDS and the Zanzibar AIDS Commission key ministries, departments and agencies (MDAs) and selected local government authorities (LGAs). The programme will support increased access for adolescents and key populations to HIV prevention, care, treatment and support services, through innovative C4D approaches and training of service providers on national guidelines and tools. Community- and facility-based approaches proven to increase identification and retention of children and adolescents living with HIV will be harmonized at national level and supported in selected LGAs. A suite of gender-sensitive interventions, including social protection, livelihood skills and comprehensive sexuality education, will help adolescents – especially girls and young women – to reduce their risk of HIV and violence.

19. The **water, sanitation and hygiene (WASH) programme** will focus on promoting: (a) interventions that reduce children's exposure to water and sanitation-related diseases, to prevent diarrhoea and environmental enteropathy[17] to help reduce undernutrition; (b) WASH interventions in schools to improve attendance and well-being of children in school; (c) water supply and sanitation facilities in health centres. The programme will use evidence-based advocacy to leverage funding to scale up sanitation and hygiene promotion and sustainable community water systems. The programme will promote family care practices for hygiene and sanitation improvements, in coordination with related health and nutrition efforts. The WASH needs of refugees and people affected by emergencies will also be supported.

20. The **nutrition programme** will aim to accelerate stunting reduction by scaling up community-based interventions that promote optimal infant and young child feeding practices in the first 1,000 days of a child's life. Communication for development efforts, together with supplementation and food fortification, will also be used to address micronutrient deficiencies. Prevention and treatment of severe acute malnutrition will be scaled up through a network of trained health workers and community health workers. Implementation will be coordinated with other sectors supporting nutrition-sensitive

[17] 'Environmental enteropathy' is a subclinical condition caused by constant fecal-oral contamination and is now widely considered a leading cause of child malnutrition (Korpe P.S, and W.A. Petri, 'Environmental enteropathy: Critical implications of a poorly understood condition', *Trends in Molecular Medicine*, June 2012, vol. 18, no. 6, pp. 328-336.)

interventions – especially health, HIV and AIDS, WASH and early childhood development. Planning, budgeting and nutrition monitoring and information systems will be strengthened.

21. The **education programme** will support the Government's commitment to free basic education, including compulsory pre-primary, primary and secondary education. UNICEF will support the development of cost-effective quality pre-primary learning models and leverage resources for their scale-up. Primary level children's learning outcomes in literacy and numeracy will be improved through the wider use of the proven in-service teacher training package, which includes life-skills-based health, nutrition and HIV education. Innovative, inclusive and alternative learning opportunities for out-of-school children and adolescents will be supported, with special attention given to children with disabilities and adolescent girls. The programme will work to support the elimination of violence in schools and sociocultural practices that impede girls' education through policy guidance, communication, school safety standards, gender-responsive pedagogy and improved counselling services. Policy advocacy, management, monitoring and accountability systems will be strengthened to enhance equity and effective resource utilization and to improve learning outcomes. Experiences will be documented and used to influence education sector policies and strategies.

22. The **child protection programme** will contribute to nationwide scale-up of the child protection systems approach established during the 2011–2015 country programme. The system provides a core set of social welfare, police, health and care services that address key child protection issues, including violence against children, attacks on children with albinism, child marriage and children in humanitarian crises. The protective capacities of parents, children and communities will be strengthened by reaching children in schools and changing the perceptions of parents on gender and use of physical violence in child rearing. The programme will continue to strengthen the capacity of the child justice system to deliver quality, child-sensitive services by judiciary, police, legal aid providers and through community rehabilitation services. Greater emphasis will be placed on the role of relevant social sectors, including health, social protection and education, to ensure identification, referral and case management of vulnerable children and adolescents. Simplified, decentralized birth registration will be extended through local government and health facilities to an additional 10 regions.

23. The **social inclusion programme** will focus on: (a) the development of a child-sensitive social protection system to reduce child poverty; (b) leveraging domestic resources through public finance for children; and (c) data, research and evaluation. Support to inclusive and integrated social protection interventions, including cash transfers, will build on the successful engagement by UNICEF in the national social safety net programme, the progress made in establishing the National Social Protection Framework and the adoption of the Arusha Declaration on Social Protection and the Zanzibar Social Protection Policy. Support to the national statistical system to strengthen the collection, analysis and use of data and evidence across sectors will reinforce national and subnational planning and budgeting, and enhance engagement in policy and programme development and implementation. A strategic research and evaluation agenda will generate evidence on the situation of vulnerable and excluded children and emerging issues affecting child well-being to guide policy decisions and sector programme direction. Advocacy and capacity-building support to government and implementing partners will address key bottlenecks in public finance for children.

24. **Programme effectiveness** will be achieved through enhanced capacity in planning, monitoring, reporting and results-based management. Effective convergence of the various

programme components around parenting, family care practices, early childhood development and adolescents and children with disabilities will be complemented by enhanced capacity in gender and C4D. A multisectoral approach to advancing girls' secondary education and improving adolescent health will be pursued in line with the UNICEF Gender Action Plan 2014–2017. Innovations for improved programme performance, particularly using information technology, will be developed and supported. Coordination and capacity for resilience, disaster risk reduction and emergency preparedness and response, including for refugee populations, will complement provisions made for these in each of the programme components.

Strategies and partnerships

25. The seven implementation strategies of the UNICEF Strategic Plan 2014–2017 will underpin the achievement of programme results. Capacity development of families and communities to adopt appropriate childcare and protective practices and to demand quality services is central to the programme, as is working to strengthen national capacity to deliver and manage quality services. Data and evidence will be used to enhance strategic engagement in policy development and to leverage resources for children. Cross-sectoral linkages will be promoted at family, community, local and national government levels, through supporting improved child care practices and promoting a systems approach to child-centred protection, health and education services. Innovative approaches using new technologies, such as mobile-phone-based birth registration, will be promoted and UNICEF will foster cooperation with other countries in the region to share learning and scale up effective solutions.

26. The strong track-record of engagement with the Government and other global partnerships, such as the Scaling Up Nutrition movement and *Committing to Child Survival: A Promise Renewed*, will continue in the health, WASH, education and child protection sectors. New partnerships, particularly with the private sector and non-traditional donors, will be established, and partnerships with the International Monetary Fund and the World Bank will be strengthened. The UNDAP will form an enabling framework for more effective partnerships with other United Nations agencies.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Health	15 000	28 640	43 640
HIV and AIDS	6 000	5 600	11 600
Water, sanitation and hygiene	11 000	22 000	33 000
Nutrition	7 500	32 500	40 000
Education	12 145	15 000	27 145
Child protection	12 000	21 000	33 000
Social inclusion	11 500	3 000	14 500
Programme effectiveness	23,500	1,300	24,800

Total	**98 645**	**129 040**	**227 685**

Programme and risk management

27. This country programme document outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at country level. Accountabilities of managers at the country, regional and headquarter levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

28. The UNICEF country programme is an integral part of the United Nations Delivering as One approach in the United Republic of Tanzania and is subject to the governance and accountability structure agreed by United Nations agencies and the Government. Overall policy guidance, including alignment to national development priorities and approval of annual workplans, is provided by the Joint Government and United Nations Steering Committee. The United Nations country management team, led by the United Nations Resident Coordinator, manages the planning and implementation of the UNDAP. Thematic results groups, led by heads of agencies, facilitate programmatic discussions, including identification of joint programming opportunities and common partner engagement. Other inter-agency bodies are established for programme and operations management, communication and emergency response coordination.

29. The three most significant risks identified for the country programme are: weak implementing partner capacity; misuse of funds; and reduced availability of funding. These risks will be addressed through the capacity-building initiatives described in the programme components. Efforts will be made to ensure adequate internal capacity to fully implement procedures related to the harmonized approach to cash transfers (HACT) and to pursue effective resource mobilization.

30. Internal management mechanisms, including the UNICEF country management team, programme management team, partnership review committee, HACT oversight team and research oversight group, are responsible for enhancing the quality, efficiency and effectiveness of the programme.

Monitoring and evaluation

31. Monitoring of the UNICEF programme is linked to the overall monitoring of the UNDAP, with consistency of results and indicators, together with an emphasis on the use of data gathered from national systems. All programme components include an element of strengthening national and local monitoring systems. The social inclusion component supports overall national monitoring capacity, particularly through engagement with the National Bureau of Statistics/Office of the Chief Government Statistician (Zanzibar) under the umbrella of the Tanzania Statistical Master Plan.

32. UNICEF programme components have been developed using a theory of change approach, based on the Monitoring Results for Equity System (MoRES) that enables clear elaboration of result chains and identification of appropriate monitoring indicators at all levels. This will be used in the preparation of the detailed Integrated Monitoring and

Evaluation Plan. Monitoring of the programming environment will be facilitated by the rolling situational analysis tool.

33. Evaluations are planned under all programme components, as set out in the costed evaluation plan presented in conjunction with this CPD. An overall external evaluation of the UNDAP will likely take place in the penultimate year of the country programme.

Annex

Results and resources framework

United Republic of Tanzania - UNICEF country programme of cooperation, July 2016–June 2021

Health							
Convention on the Rights of the Child (hereinafter 'Convention') articles: 6, 24 **National priorities**[1]: *VISION 2025* Target 1. High-quality livelihood – Access to quality primary healthcare, reproductive health services for all, reduction in infant and maternal mortality rates. Long-Term Perspective Plan (*LTPP*) 3.11.2. Health.							
UNDAP outcome: 1. Improved access to equitable, acceptable and affordable quality health services. **Indicators:** a) Percentage of national budget allocated for health; b) Percentage of births attended by skilled personnel; c) Percentage of facilities with no stock-out of essential tracer medicines, vaccines and commodities; d) Percentage of children fully immunized (as recommended by national vaccination schedules).							
UNICEF Strategic Plan outcome: 1. Health.							
UNICEF outcomes	**Key progress indicators, baselines (B) and targets (T)**	**Means of verification**	**Indicative country programme outputs**	**Major partnerships, partnership frameworks**	**Indicative resources by country programme outcome: regular resources (RR), other resources (OR)** *(In thousands of United States dollars)*		
					RR	**OR**	**Total**
Effective coverage of high-impact reproductive,	Percentage of births attended by skilled personnel Baseline[2]: 50.5% (ML) 53.7% (ZNZ)	District Health Information System (DHIS)	1. Strengthened enabling environment (health policy, health system and	Ministries, departments and agencies	15 000	28 640	43 640

[1] National priorities taken from National Planning documents: VISION 2025; LTPP 2011/12 – 2025/26.

maternal, neonatal, child and adolescent health (RMNCAH) interventions	Target: 80% (ML) 80% (ZNZ) Percentage of districts with DTP3 coverage below 80% B: 10% of districts (ML, ZNZ) T: <5% of districts (ML, ZNZ) Percentage of pregnant women living with HIV initiated on antiretroviral treatment B: 74% (ML) 70% (ZNZ) T: 90% (ML) 90% (ZNZ)	Health Management Information System (HMIS); Health Bulletin (ZNZ) Annual PMTCT programme report UNICEF/WHO Joint Reporting Form Tanzania Demographic and Health Survey	sector coordination strengthened) 2. District health system strengthened in evidence-based planning and monitoring 3. Improved capacity at the subnational level for effective delivery of quality RMNCAH services, including eliminating new HIV infections in children and keeping mothers alive, and paediatric HIV services 4. Individuals, families and communities are supported to practice healthy behaviours	(MDAs) responsible for health, finance and local government Regional and district health authorities Development Partners Group for Health WHO			
HIV and AIDS							
Convention articles: 2, 24 **National priorities:** *VISION 2025* Target 1. High-quality livelihood – Access to quality primary healthcare, reproductive health services for all. *LTPP* 3.14.2. HIV and AIDS VISION 2025 Target 1. High-quality livelihood – Gender equality and the empowerment of women in all socioeconomic and political relations and cultures. *LTPP*: 3.14.1. Gender							
UNDAP outcome: 3. Improved, scaled up and equitable use of proven HIV prevention, treatment, care and support interventions. 4. Women and girls increasingly participate in political and public life and are elected to leadership positions. **Indicators:** a) Percentage of people who have more than one sexual partner who used a condom at last sexual intercourse, by sex and age; b) Percentage of							

1.

[2] Baselines and targets are disaggregated between Mainland Tanzania (ML) and Zanzibar (ZNZ) unless data are not available.

HIV-infected infants among HIV/AIDS exposed children born in the past 12 months; c) Status of national gender policies that promote gender equality and women's empowerment and address discrimination against women and girls.							
UNICEF Strategic Plan outcome: 2. HIV and AIDS							
Improved, scaled up and equitable use of proven HIV prevention, treatment, care and support interventions	Proportion of people aged 15–24 years who have more than one sexual partner who used a condom at last sexual intercourse (ML only) B: 34% (female) 41% (male) T: 75% (both) Proportion of adolescent females and males aged 15–19 years who received an HIV test and know the results in the past 12 months (ML only) B: 21% (female) 13% (male) T: 40% (both) Proportion of key populations who received an HIV test and know the results in the past 12 months (ZNZ only) B: To be determined in upcoming Integrated Biological and Behavioural Survey (2016) T: 80%	Tanzania HIV/AIDS and Malaria Indicator Survey 2011/2012 (THMIS) Tanzania HIV/AIDS Impact Assessment 2015–2016	1. Strengthened national and subnational capacity for qualitative and quantitative data collection on adolescents, disaggregation (age and sex), analysis and use across sectors and in selected LGAs 2. Adolescents and key populations have increased access to quality HIV prevention, care, treatment and support services in selected LGAs 3. Adolescent girls and young women have access to social and economic assets in selected LGAs	Tanzania Commission for AIDS Zanzibar AIDS Commission Prime Minister's Office Regional administration and local government Tanzania Social Action Fund (TASAF) Development partners United States Centers for Disease Control and Prevention World Bank UNAIDS Youth networks	6 000	5 600	11 600
Water, Sanitation and Hygiene (WASH)							
Convention articles: 6, 24							

National priority: *VISION 2025* Target 1. High-quality livelihood – Universal access to safe water. *LTPP* 3.11.3. Water supply and sanitation							
UNDAP outcome: 5. Vulnerable groups have increased access to safe and affordable water supply, sanitation and hygiene **Indicators:** a) Percentage of population using improved safe drinking water source; b) Percentage of population/households using improved toilets							
UNICEF Strategic Plan outcome: 3. Water, sanitation and hygiene							
Vulnerable children are born, stay and live in improved hygienic environments with adequate safe water supply and sanitation facilities at home, schools and health facilities.	*Water* Percentage of population using improved safe drinking water source B: 57.4% (national) 83.2% (urban) 44.6% (rural) T: 90% (national) 95% (urban) 80% (rural) *Sanitation* Proportion of population/households using improved toilets B: 34.1% (national) 71.9% (urban) 15% (rural) T: 63% (national) 85% (urban) 30% (rural) *Open defecation* B: 7.8% (national) T: < 4% (national)	2012-2021 national surveys (census, TDHS, THMIS, etc.) (ML and ZNZ)	1. MDAs are better able to formulate policies, plans and guidelines for equitable and sustainable management of WASH 2. Selected LGAs have enhanced capacity to deliver equitable and sustainable WASH services 3. Enhanced capacity for children in schools and health-care facilities to access sustainable, inclusive WASH services in selected LGAs 4. Enhanced support to children and families leading to sustained use of safe drinking water, building and using sanitation facilities, and adoption of hygienic practices in selected LGAs	MDAs responsible for water, health, education LGAs WASH sector development partners	11 000	22 000	33 000
Nutrition							

Convention articles: 6, 24, 27 **National Priority:** *VISION 2025* Target 1. High-quality livelihood – Access to quality primary healthcare, reduction in infant and maternal mortality rates. *LTPP* 3.11.2. Health.							
UNDAP outcome: 2. Increased coverage of equitable, quality and effective nutrition services among women and children under five. **Indicators:** a) Percentage of infants aged 0–5 months who are exclusively breastfed; b) Percentage of children aged 6–59 months who receive vitamin A supplement during the previous six months; c) Percentage of children aged 0–59 months with severe acute malnutrition (SAM) appropriately treated.							
UNICEF Strategic Plan outcome: 4. Nutrition.							
Increased coverage of equitable, quality and effective nutrition services among children under 5 years old	Proportion of infants aged 0–5 months who are exclusively breastfed B: 41.1% (national) 41.8% (ML) 19.7% (ZNZ) T: 50% Proportion of children aged 0–59 months with SAM appropriately treated B: <5% (national) <5% (ML) 25% (ZNZ) T: 75% Proportion of children aged 6–59 months who received vitamin A supplement during the previous six months B: 72.7% (national) 72.6% (ML) 58.2% (ZNZ) T: 90%	Tanzania National Nutrition Survey Tanzania Demographic and Health Survey (TDHS) Project baseline/ endline studies DHIS	1. Improved infant and young child feeding services available 2. Improved integrated management of severe acute malnutrition services available 3. Improved micronutrient supplementation and fortification services available	Scaling Up Nutrition (SUN) Multisectoral Platform High-Level Steering Committee for Nutrition United Nations Network for SUN Development partners, donor Governments Children's Investment Fund Foundation Prime Minister's Office MDAs responsible for health, finance and local	7 500	32 500	40 000

				government Tanzania Food and Nutrition Centre Tanzania Food and Drugs Authority			
Education							
Convention articles: 28, 29 **National priority:** *VISION 2025* Target 1. High-quality livelihood – Universal primary education, eradication of illiteracy, attainment of tertiary education and training. LTPP 3.11.1. Education and training.							
UNDAP outcome: 6. Enhanced equitable and inclusive access to quality basic education and lifelong learning. **Indicators:** a) Percentage of Standard 2 learners achieving the national benchmark on reading with comprehension (Mainland); b) Percentage of children of primary school age out of school in United Nations-supported regions; c) Percentage gross completion rate for girls and boys secondary education (O-level) in United Nations-supported regions (Mainland).							
UNICEF Strategic Plan outcome: 5. Education							
Improved and equitable access to and completion of quality, inclusive basic education with a focus on improving learning outcomes	Number of children of primary school age out of school B: 413,530 girls 466,958 boys (ML) 41,000 girls 44,000 boys (ZNZ) T: < 50,000 (both girls and boys) (ML) <5,000 (both girls and boys) (ZNZ) Gross secondary education completion rate for girls and boys in UNICEF-supported regions (ML only) B: 42.4% 38.5% (girls) 46.5% (boys)	Basis Education Statistics (BEST) (ML) Education Statistical Abstract (ZNZ) National Baseline Assessment for the 3 Rs (reading, writing, arithmetic) Out-of-school children study Annual	1. Relevant MDAs and selected LGAs and communities have enhanced capacities to deliver quality and relevant formal basic education 2. Relevant MDAs, selected LGAs, schools and communities have increased capacities to ensure inclusive access and completion of basic education, especially for the most vulnerable children and adolescents, in a safe	MDAs responsible for education and vocational training LGAs Global Partnership for Education World Bank UNESCO Development partners Early Childhood	12 145	15 000	27 145

	T: 50% 48.5% (girls) 51.5% (boys) Drop-out rate in primary education (ZNZ only) B: 20% T: 5% Proportion of Standard 2 learners achieving the national benchmark on reading with comprehension (ML only) B: 8% T: 14%	statistical abstract National budget speeches	and protective environment 3. Relevant MDAs and select LGAs and CSOs have improved capacities to formulate, implement and monitor evidence-based policies, strategies and plans	Development Network NGOs			
Child protection							
Convention articles: 9, 19, 25, 40 **National priority:** *VISION 2025* Target 2. Good Governance and the Rule of Law. *LTPP* 3.12. Governance							
UNDAP outcome: 7. Enhanced prevention of and response to violence against women and children. 8. National governance is more effective, transparent, accountable and inclusive. **Indicators:** a) Percentage of population in selected districts who express confidence in the ability of the police and judiciary to effectively deal with cases of violence against women and children; b) Percentage of girls, boys and ever married women experiencing physical, sexual and emotional violence.							
UNICEF Strategic Plan outcome: 6. Child protection							
Girls and boys have access to and are better served by a national child protection system that prevents and responds to physical, sexual, and emotional violence, abuse, neglect, exploitation, and	1. Proportion of girls and boys experiencing physical, sexual and emotional violence Physical violence (females) B: 74% (ML) 61% (ZNZ) T: 50% (ML) 50% (ZNZ) Physical violence (males)	National Survey on Violence against Children TDHS Prison/detention centre registers Under-5	1. Communities have the capacity to effectively prevent and respond to practices and behaviours harmful to children 2. National duty bearers are able to deliver comprehensive child protection prevention and response services for children at risk or in	MDAs responsible for health, social welfare, police, justice, prisons, community development and birth registration LGAs NGOs (Save	12 000	21 000	33 000

harmful social practices, and ensures children have adequate adult care.	B: 72% (ML) 71% (ZNZ) T: 50% (ML) 60% (ZNZ) Sexual violence (females) B: 28% (ML) 6% (ZNZ) T: 20% (ML) 5% (ZNZ) Sexual violence (males) B: 15% (ML) 9% (ZNZ) T: 10% (ML) 7% (ZNZ) Number of children in detention per 100,000 children B: 6.3 (ML) 6.2 (ZNZ) T: 50% reduction Proportion of children under age 5 who are registered (ML only) B: Ranges between 2.4% and 24.3% in target regions T: 95% children of age 0–1 and 75% of children aged 1–5 years registered in 10 regions	registration dashboard	need of care and protection 3. A strong enabling environment that promotes the legislative, political, budgetary and institutional factors that ensure protection of children 4. Strengthened capacity of national Civil Registration and Vital Statistics system	the Children, Plan International and others) Development partners Global Partnership to End Violence Against Children			
Social inclusion **Convention articles**: 7, 12, 26. **National priority:** *VISION 2025* Target 1. High-quality livelihood – Absence of abject poverty. *LTPP* 3.14.4. Social Protection. **UNDAP outcome:** 9. Increased coverage of comprehensive and integrated social protection for all, especially the poor and vulnerable. 8. National governance is more effective, transparent, accountable and inclusive.								

Indicators: a) Percentage of poor and vulnerable children benefitting from social protection; b) Percentage of social protection expenditure in the national budget.							
UNICEF Strategic Plan outcome: 7. Social inclusion							
Child poverty (monetary and multidimensional) is reduced through quality, evidence-based policies, programmes and budgets for all children, especially the most marginalized, at national and subnational levels	Proportion of public budget directed to social sectors (ML only) B: Health and nutrition 8% Education 19% WASH 4% Social protection 1.7% T: To be determined Number of poor and vulnerable households and children benefiting from social protection B: 260,000 households 1,356,000 children T: 1,250,000 households (i.e., 50% of households living below the basic needs poverty line) 6,500,000 children (i.e., 50% of children living below the basic needs poverty line)	Tanzania national budget documents Social protection programme reports Household budget surveys	Strengthened national and subnational capacity to:- 1. Develop and implement a child-sensitive, inclusive and integrated social protection system 2. Formulate and execute equity-focused policies and budgets for increased and improved investments in children 3. Collect and analyse data on the situation and progress of children, particularly the most marginalized	MDAs responsible for finance, health and social welfare, community development, women and children TASAF National Bureau of Statistics Development partners: UNDP ILO European Union World Bank NGOs: Policy Forum, Children's Dignity Forum, World Vision, Save the Children, Watoto Salama, and others	11 500	3 000	14 500

Programme effectiveness							
Improved efficiency and effectiveness of UNICEF and partners across all outcome areas	Programme effectiveness outcome will be monitored through UNICEF organizational management indicators	InSight and regional dashboards Country management team reports Audits	Programme planning and monitoring is effectively achieved through a results-based management approach Cross-cutting capacity for communication for development, gender and promoting child participation is increased for improved coordination and convergence Child rights issues are effectively promoted through media communications and advocacy National partners are supported to effectively prepare for, mitigate and respond to emergencies Refugee children are protected and have access to basic services	Ministry of Finance Prime Minister's Office, Regional Administration and Local Government Regional and LGAs United Nations agencies Media and communication s agencies Disaster Management departments NGOs supporting emergency and refugee responses	23 500	1 300	24 800
Total resources					**98 645**	**129 040**	**227 685**

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United Nations Children's Fund
Executive Board
First regular session 2016
2-4 February 2016
Item 6 (a) of the provisional agenda*

Country programme document

Argentina

Summary

The country programme document (CPD) for Argentina is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $4,495,000 from regular resources, subject to the availability of funds, and $50,505,000 in other resources, subject to the availability of specific-purpose contributions, for the period March 2016 to December 2020.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the first regular session of 2016.

* E/ICEF/2016/1.

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Programme rationale

1. Argentina is a federal country that has achieved considerable progress in the fulfilment of children's rights. Its Human Development Index in 2013 was 0.808, positioning Argentina as a high development country with a ranking of 49 out of 187. Although equity gaps persist, the country has shown its determination to address this challenge through equity-oriented policies and programmes.

2. Multidimensional child poverty decreased considerably over past decades with the index of unsatisfied basic needs dropping from 25.2 to 19.6 per cent between the 2000 and 2010 censuses.[1] This index also decreased in rural areas (from 40.5 to 31 per cent) but is still above average, highlighting an equity gap.

3. Social investment has been a priority, representing 54.7 per cent of the national budget in 2014.[2] Investment directed to children increased at national and provincial levels.[3] Remaining challenges include vertical fiscal imbalance, institutional fragmentation in expenditures and differences between provinces.

4. The universal child allowance and universal allowance for pregnant women are the most relevant child-oriented social protection policies, accounting for 0.5 per cent of gross domestic product (GDP)[4] and reaching 3.54 million children.[5] Remaining challenges are related to inclusion and coverage (13.2 per cent of children are not included in the norm and 12.4 per cent are yet to be covered).[6] The main bottlenecks include weak coordination mechanisms and the absence of a comprehensive early child care policy.

5. As highlighted by the Committee on the Rights of the Child, there is a lack of systematic data collection and analysis. Progress was achieved through improved administrative registers, surveys such as the Multiple Indicator Cluster Survey (MICS) and initiatives like InfoArgentina or provincial child rights observatories that benefited from UNICEF support. Data monitoring on child poverty, violence, abuse and exploitation, rural child labour and children with disabilities should be strengthened.

6. The right to education is guaranteed by laws that establish 14 years of compulsory education. Consolidated investment in education reached 5.1 per cent of GDP in 2012.[7]

7. Preschool education gained momentum with a new law, supported by UNICEF, which establishes compulsory education as of age 4 years and universal access for three-year-olds. The rate of children who begin primary school with at least two years of preschool education is well above regional averages at 74 per cent, representing a steep increase from 44 per cent in 2001.[8] The challenge is to reduce geographic differences and enhance quality.

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[1] National Institute for Statistics and Census, National Census 2001/2010.
[2] Ministry of Economy and Public Finances, 2014. http://www.mecon.gov.ar/onp/html/fisica_presupuesto/2014/4totrim14.pdf
[3] Percentage allocated to children: 8 per cent of GDP, 2010.
[4] Ministry of Economy and Public Finances, 2014. http://www.mecon.gov.ar/onp/html/fisica_presupuesto/2014/4totrim14.pdf
[5] Social Security National Administration, 2015. http://transparencia.anses.gob.ar/anses-numeros/asignaciones-universales.
[6] Ministry of Labor, Employment and Social Security, 2014. http://www.trabajo.gob.ar/left/estadisticas/descargas/Enapross/Libro%20ENAPROS%20interior.pdf cent20interior.pdf
[7] World Bank, 2015. http://datos.bancomundial.org/indicador/SE.XPD.TOTL.GD.ZS
[8] Data processed by UNICEF according to Ministry of Education, 2013.

Efforts should focus on budgets, infrastructure, human resources and quality standards, as well as the needs of families.

8. Coverage of primary education is almost universal. The remaining challenge is to include the 32,000 primary-school-age children who are out of school and who mainly belong to the lowest quintiles.[9]

9. Access to secondary education has increased but 490,000 adolescents (12-17 years) are out of school and 1.4 million are over-aged and at potential risk of dropping out.[10] Barriers are linked to socioeconomic and urban-rural disparities (attendance is 79 per cent in rural areas compared to 90.2 in urban areas).[11] Although efforts were made to reduce gaps and improve quality, some of them supported by UNICEF, the main bottlenecks are related to curriculum, teaching practices and teacher training, low demand and poor access in remote areas, affecting mainly indigenous adolescents.

10. The country has adapted its legislation to the Convention on the Rights of the Child and enforced laws for comprehensive protection of children in most provinces but implementation remains uneven. Bottlenecks include: efficiency of local protection systems; lack of common criteria for information on violence, neglect and abuse; difficulties in access to justice; and insufficient alignment of juvenile justice legal frameworks and systems to the Convention's provisions and standards. Six provinces have an ombudsperson's office for the rights of children and adolescents but the appointment of the national Ombudsperson (foreseen by law) is pending.

11. The legal framework on violence, neglect and abuse against children was strengthened, with the ratification of the third Optional Protocol to the Convention on the Rights of the Child and the inclusion of an explicit ban on corporal punishment within families in the new Civil and Commercial Code. However, social norms remain a barrier, with almost half of all parents (46.4 per cent) acknowledging the use of physical violence as disciplinary measures.[12]

12. In 2014, 9,219 children without parental care were living in care institutions.[13] Although progress was achieved, bottlenecks persist including insufficient capacities of service providers for detecting, reporting and addressing cases of violence, weak foster care systems, insufficient quality standards for institutions and low sectoral coordination, areas where UNICEF has been providing support.

13. The juvenile justice system is not fully aligned with international standards, contributing to high levels of discretionary measures. In 2010, 1,508 adolescents in conflict with the law were held in detention centres. Almost all were male (97 per cent) and 71 per cent were not receiving formal education during detention.[14] The major bottlenecks include the lack of a national law in line with the Convention on the Rights of the Child, stigmatization of adolescents, insufficient information systems, limited use of alternative measures to detention and the absence of quality standards in detention centres.

[9] Data processed by UNICEF according to Ministry of Education, 2013 and National Institute for Statistics and Census, 2010.
[10] Data processed by UNICEF according to Ministry of Education, 2013.
[11] National Institute for Statistics and Census, National Census, 2010.
[12] MICS, 2011-2012 http://www.childinfo.org/files/MICS4_Argentina_FinalReport_2011-12_Sp.pdf
[13] UNICEF-Secretariat on Childhood, Adolescence and the Family, 2014.
[14] Ministry of Justice and Human Rights, 2011. http://www.jus.gob.ar/media/1126010/Ninos_Ninas_Adolescentes_Conflicto_Ley_Penal.pdf

14. Increasingly, non-communicable diseases (NCDs) and associated risk factors are affecting the health of children and adolescents. In the last five years, overweight and obesity among adolescents aged 13-15 years increased from 24.5 to 28.6 per cent and from 4.4 to 5.9 per cent, respectively.[15] Although a National Obesity Law was enacted and resolutions to restrict food-marketing practices were established, major challenges remain, including a low level of enforcement of regulations and policy implementation, absence of fiscal disincentives and inappropriate labelling of foods.

15. Some 2,358 teenagers died from external causes in 2013, representing a rate of nine deaths per 10,000 adolescents. Almost half of these deaths were intentional (51 per cent), particularly suicides (21.2 per cent) and aggression (15.7 per cent). Youth suicide has increased by 4.7 percentage points in the last 20 years.[16] The increasing rates of suicide and violence point to wider complex problems that affect adolescents' health and well-being which need to be addressed from an intersectoral perspective.

16. Early pregnancy is a growing concern. In 2013, 15.6 per cent of newborns had adolescent mothers and maternal mortality in adolescents (36 cases) represented 13 per cent of total maternal deaths. Adolescent pregnancy increased by 7.7 per cent in the last 20 years.[17] Pregnancy in early adolescence (10-14 years) is mostly linked with sexual abuse. The main bottlenecks affecting adolescent health are related to gender and equity gaps, poor access to services due to cultural barriers, low participation and demand for quality services, and lack of intersectoral approaches to promote adolescent health and well-being.

17. There has been considerable progress in reducing infant and maternal mortality but it must be consolidated. With UNICEF support, the infant mortality rate decreased considerably in recent decades from 25.6 to 10.8 per 1,000 live births (1990-2013), reaching the global target. The maternal mortality ratio also decreased over the same period but to a lesser extent, from 52 to 32 per 100,000 live births,[18] not meeting the global target. However, progress for both indicators has been uneven, with the rates for some provinces well above national averages.

18. Argentina has a wide range of legislation and institutions in place to promote the rights of children in the media. Hundreds of journalists and media networks were trained on child rights and UNICEF supported the generation of evidence on media coverage. However, challenges remain in terms of stigma, invisibility and underrepresentation of and discrimination against children and adolescents in the media.

19. Argentina has been characterized by vibrant social movements. This context offers an opportunity to promote social demand and to generate social changes that can accompany institutional and regulatory advances on violence, secondary education, social inclusion and adolescent health.

20. New channels for adolescent participation were promoted through legislation and using technology. The main challenges are to promote the exercise of citizenship, including 'digital citizenship' for adolescents, especially the most disadvantaged, and encourage social participation, taking advantage of technology and innovation.

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[15] Ministry of Health, 2013. http://www.msal.gov.ar/ent/images/stories/vigilancia/pdf/2014-09_informe-EMSE-2012.pdf .
[16] Ministry of Health, 2013 http://www.deis.msal.gov.ar/Publicaciones/Archivos/Serie5Nro57.pdf ,
[17] Ibid.
[18] Ibid.

21. A key lesson learned from the midterm review of the 2010-2015 programme of cooperation is the importance of cross-sectoral approaches in addressing equity gaps and overcoming bottlenecks and barriers impeding the full realization of rights, in particular for adolescents and early childhood development. Another lesson learned relates to the added value of combining programme implementation at both provincial and national levels in dialogue with national authorities. Building on successful strategies, UNICEF will contribute through its convening power and systematic use of evidence to building robust policy dialogues, supporting capacity-building, promoting a wide range of partnerships, scaling up successful innovations and promoting triangular cooperation, in alignment with national priorities.

Programme priorities and partnerships

22. The overall goal of the country programme is to support Argentina's efforts to accelerate the universal realization of children's rights by fostering social inclusion, especially of the most disadvantaged and excluded children and families: children and adolescents in impoverished communities, such as those living in peri-urban and remote rural areas; indigenous children; and children with disabilities. In line with the human rights-based approach, the programme will contribute to implementation of the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of Persons with Disabilities, as well as achievement of the Sustainable Development Goals.

23. The country programme has been developed in close dialogue with authorities to ensure its alignment with national priorities and the United Nations Development Assistance Framework (UNDAF) for 2016-2020. It contributes to three of the five UNDAF outcomes areas, on social protection and universal access to essential services, human rights promotion and citizenship, and cooperation for sustainable development. The country programme is consistent with the UNICEF Strategic Plan, 2014-2017.

24. The programme has five components: (a) social inclusion and child rights monitoring; (b) inclusive and quality education; (c) protection and justice for children and adolescents; (d) child and adolescent health and well-being; and (e) social and resource mobilization. The programme will address key bottlenecks impeding the realization of child rights, focusing on the most excluded children and adolescents, by: improving the enabling environment through strengthening of systems and capacities to design, coordinate, implement and budget for child-related policies and laws; strengthening systems and capacities for equitable provision of quality and innovative services; and empowering rights holders for enhanced demand though advocacy for quality services and changing social norms, behaviours and attitudes to generate protective environments.

25. The programme will advocate as a strong and independent voice for the fulfilment of child rights, focusing on policy dialogue and contributing to strengthening capacities by providing evidence-based policy advice and technical assistance, monitoring child rights and facilitating the costing and assessment of policy models and programmes. UNICEF will continue to leverage resources for children, promote innovative partnerships, enable triangular cooperation in alignment with national priorities and support the implementation of intersectoral approaches.

26. The country programme will be implemented in close partnership with ministries and other bodies at all levels of government. Alliances with civil society, the private sector, celebrities and media will continue to be critical in engaging society. Efforts will be

intensified to engage with parliamentarians, ombudspersons, the academic community, human rights institutions, youth organizations, the private sector and citizens. Close collaboration will continue with other United Nations agencies. The country programme will leverage a growing diversity of partnerships to promote cooperation across countries through triangular cooperation.

27. At provincial level, programmatic interventions will include support to specific initiatives that can inform policies and enable replication. Geographic prioritization is based on analyses of relevant indicators to identify the most deprived groups.

28. A specific focus on adolescents will be sustained throughout the programme. Efforts will focus on improving their school attendance and learning achievement, preventing early pregnancy, promoting an environment free from violence, supporting health and well-being and facilitating participation and empowerment.

29. In line with Argentina's gender policies and the UNICEF Gender Action Plan, the programme will contribute to the prevention and elimination of gender-based violence, promote gender-responsive adolescent health and support gender-responsive legislation and policies related to early child care.

Social inclusion and child rights monitoring

30. This component seeks to strengthen Argentina's capacity to monitor child rights, develop evidence-based policies, continue to reduce poverty and provide inclusive access to social protection services, especially for the most disadvantaged. UNICEF will contribute to increased social protection coverage, the development of a comprehensive early childhood care policy and improved child-sensitive budgeting, and advocate for consolidating systems for public policy monitoring and evaluation.

31. Building on progress achieved in social protection, UNICEF will promote evaluations and impact analysis of social policies and programmes and strengthen systems to better compile multidimensional data on child poverty. The promotion of a comprehensive early childhood care policy will be another priority, focusing on improving the demands of rights holders and cross-sectoral implementation.

32. Following the recommendations of the Committee on the Rights of the Child, the programme will advocate for the promotion and protection of public budgets directed to children. UNICEF will contribute to the generation of evidence regarding the allocation and impact of investments at national and provincial levels and considering geographical and sectoral disparities. The participation of civil society in the budget processes will also be promoted.

33. UNICEF will support mechanisms for monitoring and evaluating child rights, including the systematic gathering, analysis and use of disaggregated data. Priorities will include: development and update of situation analyses, especially where information gaps exist (on children with disabilities, child labour, violence and abuse); strengthening monitoring and evaluation systems at national and provincial levels; harmonizing social statistics; facilitating coordination; reinforcing the capacities of relevant ministries, ombudspersons and the media; and supporting government institutions and civil society networks in reporting to the Committee on the Rights of the Child.

34. Efforts will contribute to the following key results: (a) availability of information, studies and policy proposals to strengthen the comprehensiveness, institutionalization and universalization of the social protection system, (b) implementation of early childhood care

policies; (c) availability of monitoring, analysis and planning tools to improve child-sensitive budgeting; and (d) reinforcement of national and provincial child rights monitoring and evaluation systems.

35. This will be achieved through evidence-based policy dialogue and advocacy, capacity development, technical assistance, documentation of lessons learned, knowledge management and exchange, costing analyses and identification of triangular cooperation initiatives.

Inclusive and quality education

36. The programme will support efforts to ensure the progressive realization of the right of every child and adolescent to inclusive and quality education. UNICEF will contribute to increasing coverage of secondary education, reducing adolescent repetition and drop-out rates, expanding universal primary education and enhancing the quality and inclusiveness of education throughout the cycle.

37. In the area of early learning, the programme will advocate for the continued expansion of preschool education to reduce equity gaps. UNICEF will support innovation, development of quality standards, teacher training policies and communication for social change to increase demand for and awareness of the importance of early childhood and inclusive education.

38. Efforts will focus on the realization of adolescents' rights to compulsory quality secondary education. The programme will aim at raising demand and access, particularly in rural areas (including indigenous adolescents) and large urban centres. The education component will support innovations and programmes to effectively remove bottlenecks through information and communication technologies, teacher training and improvement of education quality and learning outcomes. The programme will use communication for social change to increase awareness of the importance of inclusive education in secondary education.

39. UNICEF will continue to foster a dialogue on the quality of education with a focus on improving learning outcomes and the reduction of equity gaps from preschool to secondary education. Interventions on primary education will target specific communities with very low completion rates, reaching the most disadvantaged children.

40. The results will be achieved through policy dialogue and advocacy, capacity development, technical assistance, documentation of innovations and lessons learned, sharing of best practices throughout the region, promotion of triangular cooperation and fostering of public-private partnerships. UNICEF will play a convening role in enhancing coordination across national and local levels of governance and between the education and other sectors.

41. Efforts will contribute to the following key results: (a) improved access, learning outcomes and completion of inclusive secondary education, especially for the most vulnerable adolescents; (b) availability of quality standards, tools and evidence to support the expansion and universalization of preschool education; and (c) improved access and learning outcomes for children in selected primary schools.

Protection and justice for children and adolescents

42. The programme will contribute to realizing children's rights to be free from violence, neglect and abuse, including the right to live in a family environment, and to access to justice. UNICEF will contribute to the prevention of and response to violent discipline against children, gender-based violence, human trafficking and sexual abuse; and the realization of the rights of children without parental care in residential institutions and the adolescents in conflict with the law.

43. The programme will promote evidence-based advocacy, technical assistance, targeted social and behavioural change campaigns to strengthen family care, and collaboration between the public and private sectors to prevent and respond to cases of violence, neglect and abuse.

44. The programme will contribute to strengthening local child protection systems and information systems. It will promote norms and regulations to enhance coordination between the executive and judicial bodies for the adoption of exceptional measures, and intersectoral protocols to respond effectively to violence, abuse and exploitation. The programme will strengthen children's access to justice by providing technical assistance to increase the use of child-friendly and gender-sensitive proceedings and protocols in selected provinces.

45. The programme also seeks to promote the development and implementation of a normative framework and specialized system on juvenile justice, based on the Convention on the Rights of the Child, which promotes alternatives to detention through evidence-based analysis, policy dialogue, technical assistance and capacity development.

46. The programme will support efforts to ensure protection of children without parental care in residential institutions, aiming at fulfilling their right to live in a family environment. Promotion of family reunification, alternative foster care modalities and adoption will be the main strategies to achieve this goal. UNICEF will support the development of quality standards in residential institutions, including the promotion of adolescent autonomy, and capacity development programmes for child protection services.

47. Efforts will contribute to the following key results: (a) strengthening parental skills to provide a responsive, nurturing and safe environment and change negative child-rearing practices to prevent violence, maltreatment or neglect; (b) increased access to local child protection systems; (c) increased access for children without parental care to institutions and programmes that facilitate their personal development and family or community insertion; and (d) increased access for children in conflict with the law to specialized juvenile justice systems.

Child and adolescent health and well-being

48. The programme will support efforts to ensure the realization of the right of every child and adolescent to health. Priority will be given to addressing new challenges in line with the Sustainable Development Goals with specific focus on improving adolescent health and well-being, while striving to reduce the equity gap in relation to child and maternal mortality. The programme will contribute to the reduction of adolescent pregnancy and suicide, infant and maternal mortality in the most disadvantaged populations, and the prevalence of child and adolescent obesity and other risk factors linked to NCDs.

49. UNICEF will support the implementation of models to improve adolescent health and well-being with a focus on reducing gender and equity gaps. Priorities will include promoting evidence-based analysis on adolescent health and well-being, review of national and provincial policies, the mobilization and participation of adolescents themselves, community engagement and provision of multisectoral adolescent-friendly services.

50. The programme will contribute to the development of policies regarding NCD prevention in childhood and adolescence with a specific focus on obesity prevention. Priorities will include evidence generation, supporting the strengthening of monitoring systems, public policies and normative frameworks, and fostering public-private alliances and corporate social responsibility initiatives aimed at reducing overweight and obesity in children and adolescents. This will be achieved through policy dialogue and advocacy, capacity development, technical assistance, documentation of lessons learned, public and private partnerships and sharing of best practices through the region and beyond.

51. Under the framework of the Secretary-General's Global Strategy for Women's and Children's Health, the programme will continue to advocate for the expansion of equitable and effective models to reduce infant and maternal mortality and promote early childhood development. The Safe and Family-Centred Maternity Initiative will be expanded throughout the country, incorporated as national public policy and expanded beyond Argentina's borders through triangular cooperation.

52. Efforts will contribute to the following key results: (a) availability of an integrated, multisectoral gender-based model of adolescent services that promotes their participation; (b) the availability of knowledge, analysis and monitoring tools to develop evidence-based policies for NCD prevention and (c) the availability of quality standards, tools and evidence to support the expansion of equitable policies and programmes to reduce infant and maternal mortality and promote early childhood development.

Social and resource mobilization

53. The programme seeks to mobilize society and drive public action to accelerate the realization of the rights of children and adolescents, especially the most disadvantaged.

54. UNICEF will continue its role as a leading voice for children and expand its reach and engagement. It will promote initiatives, partnerships, campaigns and platforms that contribute to increasing public awareness, improving social and behavioural change and increasing demand and generating public accountability for child rights through media alliances, multimedia content generation, social media strategies, brand building and working with opinion leaders and champions. UNICEF will support the enforcement of media laws related to children, generate evidence on media coverage and contribute to the development of a network of committed media and professionals.

55. It will also develop innovative initiatives, using digital environments, networks and an engagement lab so that adolescents and youth exercise their right to participation, including digital citizenship and media literacy, engage in processes that affect them and are protected against discrimination. To this end, the programme will support the generation of evidence, the establishment of innovative alliances, creation of spaces for participation and promotion of digital citizenship.

56. The programme will promote the engagement of the private sector for the realization of children's rights through raising awareness and promoting the adoption of child rights-related business principles as part of corporate social responsibility. UNICEF efforts will

contribute to identifying gaps in normative frameworks for corporate social responsibility; addressing bottlenecks for effective implementation and monitoring; influencing behavioural changes within the private sector; and promoting and facilitating public-private partnerships and synergies. Efforts will prioritize three industries that have greatest impact on children and adolescents: food and beverages; telecommunications; and tourism and transportation.

57. UNICEF will continue to engage with and seek support from individual donors, corporations, foundations and private sector opinion leaders for the realization of the rights of children and adolescents. It will implement a fundraising strategy focusing on pledge donors, expanding corporate alliances, promoting special events and consolidating major donors and legacy channels to increase the number and amount of private sector financial contributions.

58. Efforts will contribute to the following key results: (a) increased public awareness of child rights; (b) increased participation and engagement of adolescents; (c) continuous mobilization of resources from individuals and major donors, corporations and foundations; and (d) increased awareness and engagement of corporations, foundations and the private sector to support the realization of children's rights.

Programme effectiveness

59. The programme effectiveness component will support all activities related to programme implementation and management, including technical and strategic assistance. It covers the cost of programme coordination and cross-cutting issues such as programme performance monitoring, external relations, public advocacy, gender mainstreaming and resilience.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Social inclusion and child rights monitoring	900	9 000	9 900
Inclusive and quality education	900	12 500	13 400
Protection and justice for children and adolescents	900	11 000	11 900
Child and adolescent health and well-being	900	9 000	9 900
Social and resource mobilization	400	6 500	6 900
Programme effectiveness	495	2 505	3 000
Total	**4 495**	**50 505**	**55 000**

Programme and risk management

60. This country programme document outlines the UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarter levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

61. The United Nations country team (UNCT) will establish mechanisms to coordinate planning, implementation, monitoring and evaluation of the UNDAF. Biannual work plans will be developed with government partners.

62. The Government, together with UNICEF, will closely monitor the results of the country programme through periodic programme reviews, while ensuring compliance with the harmonized approach to cash transfers as one of the United Nations system's mechanisms for simplifying and reducing transaction costs.

63. The main risks that could affect the achievement of expected results relate to the financial and economic environment, which could affect resource mobilization and programme implementation. Mitigation measures include risk-informed planning; maintaining close relationships and partnerships with all levels of governance; strengthening advocacy efforts to protect investment directed to children and adolescents; and continuity of innovative fundraising strategies.

64. In a context of low risk for emergencies, UNICEF will offer support to the Government, if required, for preparedness and response to natural disasters in coordination with the UNCT.

Monitoring and evaluation

65. UNICEF will seek to contribute to the identification of the most excluded and disadvantaged children and of the determinants that hinder the realization of their rights by strengthening national and subnational capacities in monitoring and evaluation and by promoting country-led monitoring and evaluation systems.

66. The reinforcement and institutionalization of information systems through the implementation of child rights observatories and platforms will be key to enhancing the generation, analysis and use of quality disaggregated information. This will enable a better understanding of exclusion and vulnerability patterns and the regular monitoring of the situation of children, including through high-quality international tools (e.g., the MICS). UNICEF will promote the dissemination of data to rights holders and society and to duty bearers to inform policy decisions and accountability.

67. As a core part of the programme, and in close collaboration with authorities, equity-focused evaluations of public policies and programmes will be encouraged at both national and subnational levels in order to draw lessons learned and provide inputs for future programmes and policies.

68. An integrated monitoring and evaluation plan will be developed in alignment with the UNDAF to prioritize mechanisms, instruments, studies, surveys and evaluations. Annual programme reviews will be promoted with counterparts to monitor progress and constraints, inform adjustments and complement the UNDAF review processes.

Annex

Results and resources framework

Argentina-UNICEF country programme of cooperation, March 2016-December 2020

Convention on the Rights of the Child: especially articles 2;3;4;5;6;7;8;9;12;17;18;19;20;21;23;26;27;28;29;34;39;40

National priorities: Law 26.061 (protection of the rights of children); National Education Law 26.206; Public Health Law 26.529; Law 26.522 on audio-visual among others.

UNDAF outcomes involving UNICEF: Social protection and access to universal services (health, education and social inclusion); human rights promotion and citizenship; triangular cooperation for sustainable development.

Outcome indicators measuring change that includes UNICEF contribution: Not yet available.

Related UNICEF Strategic Plan outcome(s): 1,5,6,7

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	*OR*	*Total*
1. By 2020, children and adolescents, especially the most disadvantaged, benefit from a social protection framework, and monitoring and evaluation systems to improve public policies and social investment and reduce	% of children covered by the social protection system B: 75%, 2011; T: 85% Existence of a comprehensive early childhood care policy B: No, 2015; T:Yes % of consolidated and executed public social	Government data and reports MICS	1.1. National and provincial government authorities have information, tools, studies and policy proposals to strengthen the comprehensiveness, institutionalization and universalization of the social protection system. 1.2. National and provincial government authorities have	National and provincial executive and legislative bodies Ombudsman Academic institutions NGOs Private sector United Nations	900	9 000	9 900

inequity gaps.	expenditure (nation/provinces) directed to children over consolidated total public expenditure B: 30%, 2009; T: 40% Average of five provinces with lowest percentage of provincial public social expenditure directed to children over total provincial public expenditure B: 26.7% 2009; T: 35% Existence of a national institutionalized system of monitoring and evaluation of public policies oriented to the rights of children and adolescents B: No, 2015 T:Yes		information, instruments and studies to develop and implement early childhood care policies. 1.3. National and provincial government authorities and civil society have monitoring, analysis and planning tools to improve child-sensitive budgeting. 1.4. National and provincial government authorities and civil society have information and instruments to develop and implement child rights monitoring and evaluation systems.	agencies			
2. By 2020, education inequity gaps are reduced and children and adolescents, especially the most disadvantaged, benefit from quality and inclusive education, which provides better opportunities for their development.	% adolescents (ages 15-17 years) from urban and rural environments, who attend school B: 87% urban 2013, 65.8% rural 2010; T: 90%, 75% disaggregated by sex % children who are out of	Official government data	2.1. Adolescents, especially the most disadvantaged, have access to inclusive secondary education models that improve their learning outcomes. 2.2. Educational institutions have monitoring tools and standards to support the expansion and improvement	Same as above	900	12 500	13 400

	school (age 12-17 years urban and quintile 1) B: 7.55% urban, 10.79% Q1, 2014 T: TBC, disaggregated by sex. School enrolment rate at initial level: ages 3-4 years B: 34.6%, 74.9%, 2013 T: 55%, 96% % of children, age 3 years of quintile 1 who attend a child development establishment B: 29.2%, 2012; T; 35% Province gap in the % of students who reach grade 6 and are over-age B: 3.6, 2013. T: 3, disaggregated by sex.		of initial education 2.3. Children in selected primary schools have access to inclusive education models that enable them to improve their learning outcomes.				
3. By 2020, children and adolescents, especially the most disadvantaged, benefit from a violence-free environment, a child protection system that guarantees a quality and appropriate response, and a juvenile justice system	% of parents acknowledged using physical discipline against children B: 46.4, 2012; T: 35% Sexual abuse rate (Proxy. number of adolescents (ages 10-14 years), fertility rate	MICS Official government data	3.1. Families, in at least four provinces have strengthened parental skills, to provide a responsive, nurturing and safe environment and to change negative practices to prevent violence, maltreatment or neglect. 3.2. Children have increased access to local protection	Same as above plus national and provincial justice systems	900	11 000	11 900

in compliance with international standards.	B;1.9, 2013; T: 1 Existence of a national system for the collection of administrative data on violence against children and juvenile justice B: No, 2015; T:Yes Number of children without parental care B: 9,219 2014, T: 7,000 % of adolescents in conflict with the law in detention centres B: 18%, 2015; T: 12% Number of provinces with a specialized juvenile justice law and system that meet at least three standards of General Observation 10 of the Committee on the Rights of the Child B: TBC; T: TBC		systems. 3.3 Children without parental care have access to institutions and programmes that facilitate their personal development and family or community insertion. 3.4. Children in conflict with the law have access to a specialized juvenile justice systems aligned with international standards.				
4. By 2020, children and adolescents, especially the most disadvantaged, benefit from health services that respond to their needs and promote healthy lifestyles.	Suicide rate (ages 10-19 years) B: 11.4 per 100,000, 2011-2013; T: 4.7 per 100,000 % of newborns from adolescent mother (<20) B:	Official government data	4.1. Adolescents, especially the most disadvantaged, are engaged in integrated, multisectoral and gender-based initiatives of health services that promote their participation 4.2. Decision makers have	Same as above	900	9 000	9 900

	15.6%, 2013; T: 12% % budget allocated to reduce pregnancy among teens B: TBC; T: TBC Existence of policies for prevention of NCDs (with emphasis on obesity) directed to children and adolescents B: No; T: Yes % of babies born in hospitals within the Safe and Family-Centred Maternity Initiative over total births in public sector B: 54%, 2014 T: 70%		access to knowledge, analysis and monitoring tools to develop evidence-based policies for NCD prevention in children and adolescents. 4.3 Government authorities have quality standards, tools and evidence to support the expansion of equitable policies and programmes to reduce infant and maternal mortality and promote early childhood development.				
5. By 2020, a mobilized society drives public action that accelerates the realization of the rights of children and adolescents, especially for those most disadvantaged.	Degree of awareness on child rights among public opinion B: TBC; T: TBC Level of engagement of citizenship (Indicator to be constructed including: taking public actions, volunteering and donating) B: TBC; T: TBC Level of engagement of adolescents (indicator to be constructed including participating in policy	Specific surveys	5.1. The general public has access to information, initiatives, and platforms to increase public awareness and engagement on child rights. 5.2. Adolescents, especially the most disadvantaged, have access to evidence-based, integrated, innovative initiatives to promote their participation and engagement 5.3. Continuous growth of donations from individuals,	Same as above	400	6 500	6 900

	decision-making) B: TBC; T: TBC Level of engagement of private sector in child rights (number of industries engaged in fundraising and corporate initiatives) B: 3, 2015; T: 10		major donors, corporations and foundations. 5.4. Individual donors, corporations, foundations and private sector opinion leaders are aware and engaged to support the realization of the child rights.				
Programme effectiveness					495	2 505	3 000
Total resources					**4 495**	**50 505**	**55 000**

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United Nations Children's Fund
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Item 6 (a) of the provisional agenda*

Country programme document

Uruguay

Summary

The country programme document (CPD) for Uruguay is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $4,250,000 from regular resources, subject to the availability of funds, and $6,250,000 in other resources, subject to the availability of specific-purpose contributions, for the period March 2016 to December 2020.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the first regular session of 2015.

* E/ICEF/2016/1.

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Programme rationale

1. In recent years, Uruguay has experienced continued economic growth, resulting in the reduction of poverty and inequities. The country was ranked 50 in the Human Development Index in 2013. Uruguay is now in an advanced stage of demographic transition characterized by the ageing of the population and reduction of fertility rates and births, which pose new challenges. Budgets allocated to social policies have increased and coverage of social services has expanded, which has also benefited the well-being of children.

2. Despite major advances in its long-standing record of social protection, Uruguay continues to witness significant inequities, with children particularly affected. The country is making continuous efforts to strengthen the formulation and implementation of inclusive social policies, programmes and legal frameworks in the areas of health, education, juvenile justice and institutional care, among others.

3. Overall, the persistent levels of poverty affect children almost three times more than adults (18.4 and 6.6 per cent respectively). While 95 per cent of the people live in urban areas, some parts of the population, particularly children and adolescents, are facing increasing socio-cultural exclusion based on ethnicity or geographic location. In terms of multidimensional poverty analysis, children from specific population groups continue to experience exclusion and rights deprivations. For instance, 29.5 per cent of afro-descendant children suffer from poverty compared to 16.2 per cent of children from other population groups.

4. Young children (under age 5 years) are particularly affected by the triple burden of malnutrition; although stunting has been reduced (5 per cent), micronutrient deficiencies persist (anaemia 31 per cent) and overweight and obesity are on the rise (10.5 per cent), indicating the necessity for a new agenda for the prevention non-communicable diseases.

5. The adolescent birth rate per 1,000 woman aged 15-19 years has been declining in Uruguay in recent years. Nonetheless, according to the United Nations Population Fund this rate still stands at 60 per 1,000 live births, higher than the global average (49) but lower than the rate in Latin America and the Caribbean (73).

6. HIV and AIDS in Uruguay remains a concentrated epidemic with a prevalence among the general population of 0.6 per cent and an incidence ratio for males to females of 1.7:1. The rate of vertical transmission has declined steadily to 1.6 per cent. The challenge now is to consolidate and sustain this achievement by strengthening both service delivery and monitoring systems.

7. The Government of Uruguay has made significant efforts to design and implement innovative programmes in early childhood development (ECD) and to address social exclusion among young children and their families, e.g., through the creation of 'Uruguay Grows With You' (*Uruguay Crece Contigo*), a programme focusing on increased access to ECD which has been integrated into the Ministry of Social Development, and the increase in coverage of the child and family care centres within the framework of the new Integrated National Care System. However, the country still has difficulties in reaching all children targeted for this type of support. Overcoming major bottlenecks would include ensuring a coordinated approach to implementing intersectoral public policies for ECD, the development of a legal framework and raising public awareness of the importance of investing in ECD policies.

8. Despite the growing numbers of adolescents enrolled in secondary education and the decrease in repetition and over-age in primary education, the Committee on the Rights of the Child has expressed concern about the situation in education. Uruguay has one of the lowest graduation rates in upper secondary education in Latin America; only 38 per cent of young people have completed upper secondary school despite being its being legally compulsory since 2008. This low rate has not changed significantly over the past 20 years, despite the efforts made by consecutive Governments to improve the quality of education services and learning results. Significant inequities remain; the graduation rate from upper secondary is almost seven times higher in the richest quintile (72 per cent) than in the poorest (11 per cent).

9. Low rates of graduation from compulsory education are an immediate consequence of high dropout rates. Considering the low percentage of adolescents who complete upper secondary education, it is clear that this situation affects adolescents in all income strata, not only the poorest or most excluded. Research shows that adolescents leave education after several episodes of repetition and due to their being over-age for their grades (particularly among the poorest); 68 per cent of adolescents who left secondary education indicated their lack of interest in education as the most important reason for dropping out (74 per cent for boys and 60 per cent for girls).

10. Access of children with disabilities to inclusive education, at both primary and secondary levels, is still a structural challenge. Although attendance in primary education is relatively high for children with disabilities, their low participation in secondary education constitutes a clear expression of inequity gaps. Insufficient provision of inclusive secondary education services for adolescents with disabilities represents the main bottleneck to their right to education.

11. Improving learning outcomes is still a challenge. It is necessary to design and implement innovative pathways in secondary education (based on updated and flexible education models and innovative and personalized teaching practices) to make school more attractive and relevant for adolescents, especially those most at risk of dropping out. The design and implementation of such innovations demand a systemic education policy. The Government's commitment to achieve significant improvements (no children aged 4-17 years to be out of school by 2020) is reflected in the increase in the public budget for education (to reach 6 per cent of gross domestic product in 2020), which is the prerequisite for these innovations.

12. Institutional care is another critical area for children in Uruguay, particularly the most disadvantaged children and adolescents. The country has the fourth highest rate of child institutionalization in the region; around 4,000 children live in institutions and are not offered other options, mostly due to lack of access to family-based alternative care. The other main bottlenecks include insufficient specialized services, lack of trained workers and inadequate accountability and monitoring systems. The ongoing institutional reform aimed at reducing the number of children in institutional care faces a number of obstacles. Two in particular stand out: the society does not acknowledge high institutionalization rates as a problem; and the gaps between implementing between new approaches and policies for deinstitutionalization and rooted practices and routines. The Committee on the Rights of the Child has strongly underlined that Uruguay needs to intensify efforts to remove children from institutions and ensure either their reunification with their families whenever possible, or provision of alternative care.

13. Significant progress has been made to include the prevention of violence against girls, boys and women in the design of public policies. As a result of knowledge

generation, advocacy and capacity development efforts, the primary education and health systems now have an updated 'road map' for dealing with cases of violence against girls, boys and adolescents. However, 54.6 per cent of adults have admitted committing violence (physical or psychological) against at least one child under their care. In addition to violence directed at them, children also experience a more subtle but equally harmful and widespread type of experience in their homes: gender-based violence against their mothers. The persistent violent behaviours in different spheres (family, community, schools, etc.), affecting particularly children and women, deserve special attention. Bottlenecks that need to be addressed for eliminating this plague are prevalent social and cultural norms, individual attitudes and beliefs and a lack of information and support to improve child-rearing practices and positive discipline beginning in early childhood.

14. Although only 8 per cent of criminal offences are committed by adolescents, there is a misperception that juvenile delinquency is on the rise. This has resulted in various regressive legal reforms, leading to excessive use of deprivation of liberty. The stigmatization of adolescents in conflict with the law was the justification for a recent referendum which aimed to lower the age of criminal responsibility from 18 to 16 years. Although this was narrowly rejected, overall the justice system is not fully compatible with international human rights standards. Several human rights mechanisms have stressed the poor living conditions of adolescents – mostly boys – deprived of their liberty in detention centres. In addition, socio-educative programmes and alternatives measures to deprivation of liberty are poorly developed and implemented.

15. In recent years, Uruguay has strengthened its institutions and public policies based on recommendations of international human rights bodies, including the Committee on the Rights of the Child. To monitor the situation and advise on appropriate action, a Secretariat for Human Rights was created in the Presidency of the Republic and the National Institution of Human Rights Ombudsman (*Institución Nacional de Derechos Humanos y Defensoría del Pueblo* (INDDHH) was established. With UNICEF support, the INDDHH has made progress in monitoring the living conditions of adolescents serving a criminal sentence and the protection facilities for children living in institutions. However, the INDDHH still faces budgetary constraints and requires specialized staff.

16. The awareness of child rights among Uruguay's general public is an area that needs strengthening. The private sector, civil society organizations (CSOs) and academic institutions are playing an increasingly critical role in promoting, protecting and monitoring child rights. A part of the private sector is starting to promote both the child rights agenda and corporate social responsibility initiatives internally and in their communities. However, according to the most recent data on corporate social responsibility, almost 75 per cent of companies still do not explicitly include child rights in their codes and rules. Only 19 per cent include specific requirements in their contracts with vendors in order to prevent child labour.

17. The work and results achieved by UNICEF have resonated with the public at large, establishing strong credibility and a good reputation that are reflected in a steady growth of the individual donor base in the country. This is another indication of the Uruguayan people's solidarity and growing openness towards the world. Uruguay has the second highest rate globally in terms of donations to UNICEF per 1,000 inhabitants, with 47,000 people (2 per cent of the adult population) contributing to advancing the child rights agenda in the country and increasingly at the regional and global levels.

18. The midterm review of the country programme confirmed the relevance and high-level of appreciation for the UNICEF role as a trusted partner, provider of technical

assistance, convener and mobiliser of all stakeholders around child rights. It also highlighted that despite the country's economic progress, significant challenges persist for children in Uruguay, particularly in terms of socioeconomic inequities. Designated a high-income country since 2013, Uruguay has the characteristics of both a programme and a donor country. UNICEF will provide technical assistance and advice for monitoring, supporting and promoting children's rights in critical areas within the country.

19. Uruguay is increasingly providing technical assistance to other countries for advancing the development agenda, including child rights. It is a major contributor to United Nations peacekeeping forces and in this context can also play a leading role in the protection of child rights in humanitarian and other situations, including through sharing of experiences. Examples of these are the provision of water sterilization units in emergency context, *Uruguay Crece Contigo* (see paragraph 7 above) and the 'one laptop per child' project in education.

Programme priorities and partnerships

20. The country programme aims to contribute to the improvement of the quality of social policies and social services for children, especially the most disadvantaged, and will focus on three specific areas - ECD, secondary education and child protection - making a contribution to Uruguay's sustainable development. The programme will also strengthen the commitment of Uruguayan society to child rights within the country and abroad.

21. The programme is aligned with national priorities and the components will contribute to the achievement of the outcomes of the United Nations Development Assistance Framework (UNDAF) 2016-2020, particularly in the priority areas of inclusive and equitable social development and democratic development based on human rights. Operating within the Delivering As One framework, UNICEF will continue contributing to the coherence of the United Nations system to enhance the effectiveness of its partnership with the Government.

22. The programme will address recommendations of the Committee on the Rights of the Child, Committee on the Elimination of Discrimination Against Women and other human rights bodies. The overall goal of the country programme is within the framework of the 2030 Agenda for Sustainable Development, aiming to contribute to the realization of Sustainable Development Goals 1-5, 10, 16 and particularly Goal 17 as the country programme aspires to contribute to Uruguay's growing role as a provider of cooperation for less developed countries. The programme is also aligned to the UNICEF Strategic Plan, 2014–2017 and its underlying strategies, including the Gender Action Plan.

Social inclusion

23. This programme component will contribute to reaching the following outcome: by 2020, all children, especially the most disadvantaged, are reached by effective social policies and programmes in health, education and social protection. It will support national efforts, especially of government institutions, to improve access to quality early childhood services, address health issues (including emerging non-communicable diseases), reduce dropout rates in secondary school and promote holistic responses for multidimensional child poverty and social exclusion. With this component, UNICEF will contribute particularly to three of the UNDAF outcomes.

24. While this component aims to contribute to strengthening a social protection system benefiting all children in Uruguay, specific attention will be given to the most disadvantaged, particularly children suffering from income and multidimensional poverty who lack access to social services and/or social protection.

25. Uruguay still faces challenges in ensuring an enabling environment that facilitates ECD for the most disadvantaged children, that guarantees effective learning opportunities in secondary education and that eradicates extreme child poverty and social exclusion. Therefore, the programme will address bottlenecks related to these aspects by: (a) strengthening coordination among sectoral policies and institutions; (b) incorporating new approaches and innovative interventions in child- and adolescent-focused policies and programmes, particularly in secondary education and for inclusive education for children and adolescents with disabilities; (c) strengthening institutional capacities to implement, monitor and evaluate innovations; and (d) establishing a holistic social protection system to address extreme poverty and social exclusion.

26. The programme will continue to address the need for sustained social investment in line with the government budget for 2016-2020, including adequate levels of funding for expanding coverage of ECD services and for education. It will contribute to the education reform, with particular attention to achieving universal school enrolment of children aged 4-17 years and increasing graduation rates for lower and upper secondary education. It will provide technical assistance for the implementation of the Integrated National Care System with an emphasis on early childhood.

27. The programme will support the consolidation and expansion of the integrated ECD programmes (*Uruguay Crece Contigo* and the Children and Family Care Centres) started in previous administrations. UNICEF will provide technical advice and support to public institutions in the health sector to design, test and validate pilot programmes addressing the impact of non-communicable diseases in at least five areas.

28. The programme will address inclusive education for children with disabilities by providing technical assistance to the primary education authorities to evaluate the pilot of inclusive schools that started in 2015 in 10 regions, in order to improve its quality and expand it to cover 60 schools by 2020. The programme will also focus on policies and initiatives to prevent dropouts and improve learning in secondary education. UNICEF will support the strengthening of knowledge and skills of teachers to adopt innovative relevant pedagogical approaches. These programmes currently cover 35 per cent of students in lower secondary education who are at risk of dropping out and aims reach at least 90 per cent across the country by 2020. An early detection system will be implemented to identify student at risk of dropping out. Finally, it will support the training of technical staff of responsible ministries to design policies and programmes addressing extreme poverty and social exclusion among families with children.

29. The programme aims to provide technical assistance, promote policy dialogue and facilitate exchanges of innovative experiences in the framework of South-South and triangular cooperation in the following areas: design and validation of ECD plans and models; formulation of a national strategy on prevention of non-communicable diseases and their risk factors, in particular childhood obesity; consolidation and escalation of models of inclusive education for children with disabilities in primary school; strengthening of innovative learning pathways and programmes (mentors, extracurricular support, tools) to reduce dropout in secondary schools; and the design of proposals for social protection policies which holistically address extreme poverty and social exclusion among families with children.

Child protection

30. This component will focus on strengthening the child protection system, with emphasis on enhancing its capacity to ensure the rights of children and adolescents to live free from violence, neglect, exploitation and abuse, to live in a family environment and to have access to a specialized justice system in compliance with international human rights standards. The programme will build on ongoing efforts of public institutions and CSOs to achieve the following outcome: by 2020, the child protection system has the capacity to prevent and address violence against children, deliver a quality standard of care and monitor the situation of children affected by violence, abuse and exploitation, children without parental care and children in conflict with the law. This component is in line with the recommendations of the Committee on the Rights of the Child and is aligned with the UNICEF Gender Action Plan. With this component, UNICEF will contribute in particular to three of the UNDAF outcomes.

31. Key barriers to the comprehensive protection of children and adolescents include: (a) the lack of strong and reliable system to monitor the situation of the most excluded children, especially those in residential care and those in conflict with the law; (b) non-alignment of the national legal framework and institutional practices with the principles and provisions of the Convention on the Rights of the Child; (c) the persistence of significant levels of violence against girls, boys and adolescents; (d) the continued use of deprivation of liberty as the rule rather than the exception and substandard living conditions in detention centres; and (e) disproportionate reliance on institutionalization of children as a protection strategy.

32. The programme will continue to support the strengthening of an independent mechanism for child rights under the leadership of INDDHH, as well as the establishment of an office for children and adolescents. The skills and capacity of the INDDHH to monitor and respond to violations of rights, discrimination, exclusion and violence against children will be enhanced through technical assistance and capacity-building interventions.

33. In the area of juvenile justice, the programme will continue generating evidence on the situation of children in conflict with the law to guide the design and adequate implementation of policies and programmes. Technical assistance will be provided to harmonize national legislation to the Convention on the Rights of the Child. The programme will support and facilitate exchanges of experiences, models and good practices at regional and global levels about alternative measures to deprivation of liberty for adolescents in conflict with the law.

34. The programme will also contribute to the development of procedures and policies to reduce the obstacles children face in accessing specialized justice and avoid their further victimization. Technical assistance will be provided in promoting the use of child-friendly and gender-sensitive proceedings by the police, courts and prosecutors. Particular emphasis will be placed on strengthening the capacities of judges, prosecutors, lawyers and legal aid providers to defend and assist children and their families involved in criminal, civil and administrative processes, and thus to comply fully with the Convention.

35. In close collaboration with the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), UNICEF will continue its advocacy and technical assistance to incorporate the prevention of violence against girls, boys and adolescents in key social policies. Specific tools such as protocols to detect, refer and address cases of violence, exploitation, abuse and neglect will be developed and implemented with the responsible government bodies.

36. The programme will promote and support the adaptation and scaling up of family-based alternative care programmes, including those geared towards strengthening family capacities, providing foster care and ensuring access to social protection services.

Social mobilization and partnerships for development

37. This programme component aims to raise the society's awareness of child rights and provide the necessary knowledge and tools to specific population groups, especially the most disadvantaged, so that they can understand and promote the assurance of their children's rights. It aims to assist in the achievement of the following outcome: by 2020, society's commitment to respect and promote child rights in Uruguay will be strengthened.

38. UNICEF will contribute to the achievement of this outcome through advocacy with selected audiences and counterparts. Multimedia communication initiatives will sensitize the larger public about child rights, not only what they are, but also why they came into existence and how they benefit their children and society at large. Building on the experience of the narrow rejection of the 2014 referendum on the proposal to lower the age of adult criminal responsibility from 18 to 16 years of age, UNICEF will promote youth-based alliances around rights issues. Reaching out to adolescents, rather than just talking about their rights to adult audiences, will be part of the wider strategy. The increased knowledge and participation of adolescents are expected to strengthen the overall mobilization of society against violations of child rights.

39. Elimination of violence against children is a critical issue, and UNICEF will play a key role by building partnerships with state counterparts and civil society, including religious groups, non-governmental, youth and private organizations and segments of the public sector. Campaigns and mobilization initiatives will address violence in the family, schools and institutions. They will be designed and implemented with and through media and communication for development strategies because violent behaviour is an issue of social norms that accept and tolerate the use of violence to educate, discipline or resolve disputes.

40. Finally, UNICEF will partner with and mobilize private sector organizations through a corporate social responsibility plan intended to raise awareness and promote the application of children's rights. The fundraising strategy of the new country programme will aim to ensure increased contributions for the children of Uruguay, the region and globally and to assist in humanitarian crises around the world.

Programme effectiveness

41. This component will support all activities related to programme implementation and management, including technical and strategic assistance. It covers the cost of operations and cross-cutting issues such as programme performance monitoring.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Social inclusion	1 600	2 500	4 100
Child protection	1 050	2 250	3 300
Social mobilization and partnerships for development	600	1 500	2 100
Programme effectiveness	1 000	0	1 000
Total	**4 250**	**6 250**	**10 500**

Programme and risk management

42. This country programme outlines the contributions of UNICEF to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at country level. Accountabilities of managers at the country, regional and headquarter levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

43. For monitoring the implementation of the programme, UNICEF will work in coordination with United Nations agencies in the framework of the UNDAF 2016-2020 and the Delivering as One initiative, through the mechanisms established by the United Nations country team (UNCT) and in alliance with the Government, coordinated by the Uruguayan Agency for International Cooperation, CSOs and other key partners.

44. The programme has evolved to reflect the new challenges facing Uruguay, and is thus gradually shifting from implementation to playing a stronger role as the voice of children with high credibility at the national level, with a focus on equity. This implies working as a promoter of child rights, being an advocate for strengthening relevant policies and programmes, a convener in the identification and implementation of knowledge exchange at regional and global levels, and a facilitator for South-South and triangular cooperation where relevant. Effectiveness and efficiency will be ensured through methods and management mechanisms that take into account the evolving role of UNICEF in a high- income country.

45. The UNCT will coordinate the planning, implementation, monitoring and evaluation of the UNDAF. Workplans will be developed together with government partners to operationalize the country programme. The Government, with UNICEF, will closely monitor results through periodic reviews with programme partners, while ensuring compliance with the harmonized approach to cash transfers as one of the United Nations mechanisms for simplifying and reducing transaction costs.

46. The main risks that could prevent achievement of the expected results of the country programme relate to the financial and economic environment, which could affect fundraising capacities, programme implementation and the allocation of budgets for social development. Despite its significant economic progress, Uruguay remains vulnerable to economic fluctuations. Mitigation measures include risk-informed planning; maintaining

close relationships and partnerships with all levels of government; strengthening advocacy efforts to protect investment directed to children and adolescents; and continuity of an innovative fundraising strategy.

Monitoring and evaluation

47. The evolving role of UNICEF in Uruguay has implications for the way monitoring and evaluation activities are defined and carried out. Indicators need to reflect this change and increasingly will need to measure results that are being achieved through UNICEF acting an advocate and facilitator, providing inputs that need to be adopted and carried out by counterparts, rather than an implementer of specific activities.

48. While Uruguay has consistently promoted transparency of data, it needs to strengthen systematic evaluation within policies and programmes. Indicators in health, education and child protection are jointly defined with the United Nations agencies involved in the same initiatives. UNICEF will work with the Government and civil society to track progress in critical areas; generate evidence, data and information for the general public, aimed at increasing public awareness; and create further spaces for participatory monitoring and mutual accountability.

49. Given the nature of the country programme, evaluation efforts will not only address evaluation of UNICEF-supported modelling and demonstrative projects but also increasingly support the evaluation of national policies and programmes. Special attention will be given to evaluation and documentation of those experiences that could potentially be replicated in and beyond the region.

50. In the areas of juvenile justice and institutional care, monitoring and evaluation will focus on legislative and policy advances and strengthening the mechanisms to coordinate and monitor the situation of children. In education, evaluation efforts will address qualitative and quantitative improvements in strengthening legislation, policy and institutions and how these improved capacities have a bearing on the lives of children. Finally, monitoring progress for addressing violence against children will focus on advances towards the adoption of enabling social norms.

Annex

Results and resources framework

Uruguay-UNICEF country programme of cooperation, March 2016-December 2020

Convention on the Rights of the Child: Articles 4, 6-10, 12-21, 23-29, 31-37, 39 and 40
National priorities: 'Inclusive and equitable social development' and 'democratic development based on human rights'; Sustainable Development Goals 1, 2, 3, 4, 5, 10, 16, 17.

UNDAF outcomes involving UNICEF:
By 2020,
(2.1) Uruguay will have more effective legal frameworks, institutions, policies and social services to address vulnerabilities and promote social inclusion of the most disadvantaged people (particularly, childhood, youth, afro-descendants and people with disabilities) as well as to reduce inequalities.
(2.2) Public policies devoted to develop human capabilities (specially, policies in early childhood, health, nutrition and education) have been strengthened.
(2.3) The national system of care focused on priority groups has been designed and it is under first implementation stage.
(3.1) Institutional capacities both at national and subnational level have been strengthened for the generation of data, planning, and design of public policies, as well as to assure the transparency and effectiveness of public management and to promote citizens participation.
(3.2) The institutional capacities of the Uruguayan Government to promote South-South cooperation have been strengthened through the provision of cooperation and technical assistance to others countries in the region and beyond.
(3.3) Institutional capacities of governmental bodies and CSOs devoted to the promotion and monitoring of human rights fulfilment have been strengthened.
(3.5) Increased prevalence of values, attitudes, social norms and behaviours that reject violence (particularly violence based on gender and against children).

Outcome indicator measuring change that includes UNICEF contribution:
Percentage of income poverty by age groups (poverty gap between children and adults); public budget allocated in social protection (% of government budget and GDP); percentage of children under age 4 years below the income poverty line reached by ECD programmes; public expenditure in education (% of GDP); percentage of children between ages 4 and 17 years out of school; poor children under age 4 years affected by malnutrition; number of policy initiatives on prevention of non-communicable diseases; existence of an office for children in the National Institution of Human Rights; number of recommendations of the Committee on the Rights of the Child on juvenile justice adopted; children aged 2-14 years receiving only non-violent disciplinary methods.

Related UNICEF Strategic Plan outcome(s):
1. Improved and equitable use of high-impact maternal and child health interventions from pregnancy to adolescence and promotion of healthy behaviours.
5. Improved learning outcomes and equitable and inclusive education.
6. Improved and equitable prevention of and response to violence, abuse, exploitation and neglect of children.
7. Improved policy environment and systems for disadvantaged and excluded children, guided by improved knowledge and data.

UNICEF outcomes	Key progress indicators, baselines and targets	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (*In thousands of United States dollars*)		
					RR	***OR***	***Total***
1. .By 2020, all children, with a focus on the most disadvantaged, are reached by effective public policies and programmes in health, education and social protection	Percentage of children under age 4 years below income poverty line reached by ECD programmes. Baseline: 22% Target: at least 80%	National Household Survey, statistics from health system. Records from the Institute for Childhood and Adolescence (Instituto del niño y adolescente del Uruguay (INAU))	· ECD programmes with special emphasis on the most vulnerable and excluded children implemented by governmental institutions related to early childhood are expanded and consolidated. · National strategy for evidence-based interventions on non-communicable disease prevention in childhood and adolescence formulated, tested and validated. · Models for inclusive education for children with disabilities in primary school formulated, tested and validated. · Innovative and relevant learning pathways and programmes aiming at improvement learning and reduction of dropout in secondary school designed	Ministry of Social Development, Ministry of Public Health, Ministry of Education and Culture, National Administration of Public Education, Office of Planning and Budget, National Congress, subnational governments, CSOs, academic institutions (universities, National Agency of Research and Innovation, Pasteur Institute), National Institute of Educative Evaluation, National Institute of Statistics, Inter-American Development Bank, World	1 600	2 500	4 100
	Percentage of children under age 5 years who are overweight or obese. Baseline: 10.5% Target: 8%	National Health Survey					
	Number of primary schools implementing inclusive education models. Baseline: 10 Target: 60	Statistics from education system Qualitative interviews					

	Percentage of students at risk of dropout in lower secondary school receiving additional support. Baseline: 35% Target: at least 90%	Statistics from education system Qualitative interviews	and validated. · Proposals for social protection programmes and policies addressing multidimensional poverty and social exclusion affecting children prepared and discussed.	Bank, UNCT			
2. By 2020, child protection system (legal framework, justice's system and institutions) strengthened to care, monitor and protect the rights of children affected by violence, abuse, exploitation and institutionalization, as well as children in conflict with the law.	Existence of an office for children in the National Institution of Human Rights Baseline: not in place Target: established	Assessment of legislation and institutional changes.	· National Institution of Human Rights with knowledge and skills to monitor fulfilment of child rights. · Child protection system with specific tools and expertise to identify, refer and address cases of violence, abuse and neglect. · Parliamentarians and authorities of the juvenile justice system have knowledge of models and best practices at regional and global levels about alternative measures for adolescents in conflict with the law. · Judges, prosecutors and lawyers have the knowledge and tools needed to comply fully with and respond to the rights of children and adolescents. · Alternative approaches for children living in	Ministry of Interior, Ministry of Social Development, National Congress, Judiciary System, Comprehensive System for the Protection of Children and Adolescents against Violence, INAU, National Human Rights Institution, CSOs, academic institutions	1 050	2 250	3 300
	Percentage of residential care institutions transformed into foster care centres. Baseline: 10% Target: at least 50%	Administrative records (INAU).					
	Number of responsible government bodies applying protocols to address violence against children, exploitation and abuse. Baseline: 1 Target: 4	Assessment of institutional changes, administrative records.					
	Number of Committee on the Rights of the Child recommendations on	Official reports of INDDHH, administrative					

	juvenile justice adopted. Baseline: 0 Target: all	records.	institutions based on the strengthening of family capacities and foster care validated and scaled up				
3 By 2020, society's commitment to respect and promote child rights in Uruguay strengthened	Degree of awareness of child rights among general public. Baseline: TBD in 2016 Target: TBD in 2016	Survey	· The public has knowledge about child rights and knows how to become engaged to protect them. · Families have knowledge and skills on positive child-rearing practices, especially about the rejection of any form of violence. · Children and adolescents participate in decision-making processes which affect their interest. · Corporations are aware of the Children's Rights and Business Principles, and have tools to include children's rights in their corporate social responsibility agenda.	Ministry of Social Development, National Congress, INAU, CSOs, academic institutions, Consultative Council of Entrepreneurs	600	1 500	2 100
	Children aged 2-14 years receiving only non-violent disciplinary methods. Baseline: 34.4% Target: 50%	MICS					
	Percentage of adolescents participating in decision-making. Baseline: 59% Target: 75%	National Survey of Adolescence and Youth					
	Advisory and Consultative Council created by law and working	Law passed					
	Percentage of the adult population that regularly donates to UNICEF Baseline: 2% Target: 3%	Donor Perfect data (internal records)					

	Percentage of large companies that support child rights in the work place, market place and community Baseline: 9.6% Target: 15%	Research every two years Specific surveys						
Programme effectiveness					1 000	0	1 000	
Total resources					4 250	6 250	10 500	